

## Case Study 3: Champion

---

### Annual Income

#### ASSETS AND ASSET INCOME

- The value of assets may affect the family's annual income. PHAs must identify assets, determine the market value of such assets and calculate the cash value.
  - Market value is the determination of what the asset is worth on the market.
  - Cash value is the determination of what you would actually get from converting the asset to cash.
- When calculating the cash value of an asset, PHAs must consider expenses involved in converting assets to cash.
  - Penalties for early withdrawal
  - Broker and legal fees
  - Closing costs for real estate

#### CASH VALUE OF ASSET EXAMPLES

- Certificate of Deposit
 

Market value	\$18,000
Early withdrawal penalty	– 1,800
Cash value of asset	\$16,200
- Home
 

Market value	\$99,500
Mortgage balance	– 40,000
Broker fees	– 7,000
Cash value of property	\$52,500

**ASSETS DISPOSED OF FOR LESS THAN MARKET VALUE**

- Assets can include some assets that people don't actually have – assets disposed of for less than fair market value during the two years preceding certification or recertification.
  - The amount included in the asset calculation is the cash value of the asset less the amount received.
- An applicant sold her home to her son for \$10,000, less than fair market value. The market value of the home was \$89,000. She did not have any loans against the home. She incurred broker fees of \$1,800.

Market value	\$89,000
Broker fees	– \$1,800
Cash value	<u>\$87,200</u>
Less amount received	<u>– \$10,000</u>
Counted as an asset for 2 years from the date of sale	\$77,200

- Include difference between market value and actual amount received. For example:

Home value	\$99,500
Mortgage balance	– \$40,000
Family-paid broker fees	– \$2,700
Amount received	\$5,000
Cash value of asset (disposed)	\$51,800

- Count \$5,000 amount received for as long as they have it.
  - Count \$51,800 cash value of asset for two years.
- Assets disposed of for less than fair market value are generally not considered if they were disposed of due to:
  - Divorce or separation
  - Bankruptcy
  - Foreclosure
- The PHA should develop an applicant certification form for verification purposes.

### **INCOME FROM ASSETS**

- Assets can generate income.
- Income from assets is counted in determining annual income. Income from assets includes but is not limited to interest, dividends and net income from real or personal property. Asset income of minors is counted as income.
  - The market value of an asset is used to determine actual anticipated income.
  - The net cash value of assets is used to determine imputed asset income.
- When net family assets are \$5,000 or less, use the actual income from assets.
- If the net cash value of all assets exceeds \$5,000, you must use the greater of:
  - Actual income from assets
  - Imputed income from assets (HUD passbook rate times the net cash value of all assets).
- When the net cash value of all assets exceeds \$5000:
  - Add cash value of all assets
  - Multiply by the local HUD passbook rate
  - Compare the result (imputed income from assets) to actual income from assets.
  - Use whichever result is greater as the final asset income in rent calculation.

**PERIODIC PAYMENTS AND ALLOWANCES**

- Include in annual income the full amount of periodic payments received from:
  - Social Security
  - Pensions and annuities
  - Retirement funds
  - Disability or death benefits
  - Insurance policies

**PERIODIC PAYMENTS AND GARNISHMENTS**

- If deductions are taken out of the gross benefit, use the gross amount of the benefit.
- With Social Security, if benefits have been reduced to offset a prior overpayment, use the amount after this deduction.

## **DISABILITY ASSISTANCE EXPENSES**

- Disability assistance expenses is a deduction allowed for unreimbursed, anticipated costs for
  - Attendant care,
  - Auxiliary apparatus, and
  - Which is paid on behalf of any family member who is a person with disabilities
- The expenses must be reasonable and necessary to enable a family member 18 years of age or older to be employed.
  - This may or may not be the person with disabilities
- Examples of qualifying expenses include:
  - Payments made on a motorized wheelchair for the adult son of the head of the family to go to work each day on his own
  - Payments to a care attendant to stay with a disabled 16-year-old child to allow the child's mother to go to work each day
- The deduction is equal to the amount by which the cost of the care attendant or auxiliary apparatus exceeds 3% of the family's annual income, however it may not exceed the earned income received by the family member enabled to work as a result of the expense.
- If the disability assistance expense enables more than one person to be employed, the PHA must combine the income of those persons to determine the ceiling.
- Auxiliary apparatus includes wheelchairs, ramps, vehicle adaptations and special equipment to enable a sight-impaired person to read or type.

- The cost of maintenance and upkeep of an auxiliary apparatus is included.
  - For example, veterinarian costs and food costs of a service animal, or cost of maintaining the equipment added to a car but not the cost of maintaining the car.
- Attendant care includes reasonable expenses for home medical care, nursing services, housekeeping and errand services, interpreters for the hearing-impaired and readers for persons with visual disabilities.

**DISABILITY ASSISTANCE EXPENSE EXAMPLE**

Head of household earnings	\$14,500
Spouse's earnings	\$12,700
Total income	<u>\$27,200</u>
Son's attendant care expenses	\$3,830
3% of Annual Income	\$816
Son's attendant care expenses	\$3,830
Minus 3% threshold	<u>– \$816</u>
Maximum allowable expense	\$3,034

## **MEDICAL EXPENSES**

- Deductions for medical expenses are permitted only for elderly or disabled families.
- If a family is eligible, medical expenses of all family members are allowed.
- The allowable medical expense is that portion of total medical expenses that exceeds 3 percent of annual income.
  - Includes all unreimbursed expenses the family anticipates incurring during the 12 months following certification or recertification.
- PHA policy determines allowable medical expenses.
  - PHAs may use IRS Publication 502 as a tool.
- Allowable medical expenses may include:
  - Services of doctors and health care professionals
  - Services of health care facilities
  - Medical insurance premiums
  - Prescription/non-prescription medicines (PHA policy)
  - Transportation to treatment (cab fare, bus fare, mileage)
  - Dental expenses, eyeglasses, hearing aids batteries
  - Long-term-care insurance premiums
  - Live-in or periodic medical assistance
  - Monthly payment on accumulated medical bills (regular monthly payments on a bill that was previously incurred). The allowance may include only the amount expected to be paid in the coming 12 months.



**FAMILIES ELIGIBLE FOR MEDICAL EXPENSES AND  
DISABILITY ASSISTANCE EXPENSES**

- If an elderly or disabled family has both medical and disability assistance expenses, a special calculation is required to insure that the family's 3 percent share is only applied once.
- Because the disability assistance expense is limited by the amount earned by the person enabled to work, the disability allowance must be calculated before the medical allowance.
- When the family has disability assistance expenses greater than or equal to 3 percent of annual income, deduct 3 percent from the disability assistance expenses, compare to the earnings made possible by assistance, and add total medical expenses.
- When a family has disability assistance expenses that are less than 3 percent of annual income, total disability assistance expense is added to the total medical expenses, and then the 3 percent threshold is subtracted to determine the medical/disability assistance allowance.
- If the family qualifies for medical expenses, they will also qualify for the Elderly/Disability Allowance, and vice versa.

## Payment Standards (Housing Choice Voucher Only)

### DEFINITIONS

- *Subsidy standards.* Standards established by a PHA to determine the appropriate number of bedrooms and amount of subsidy for families of different sizes and compositions.
- *Family unit size.* The appropriate number of bedrooms for a family, as determined by the PHA under the PHA subsidy standards.
- *Payment standard.* The maximum monthly assistance payment for a family assisted in the voucher program (before deducting the total tenant payment by the family).

### PAYMENT STANDARD

- The payment standard is used to calculate the total subsidy for a family.
- The PHA's payment standard is the maximum subsidy.
- HUD publishes the fair market rents annually.
- The PHA must adopt a payment standard schedule for each FMR area in the PHA jurisdiction.
- The PHA must establish payment standard amounts for each unit size. (Unit size means number of bedrooms, including zero-bedroom.)

*CFR 982.503*

### **ESTABLISHING PAYMENT STANDARD AMOUNTS**

*CFR 982.503(b)*

- The PHA may establish the payment standard amount for a unit at any level between 90 percent and 110 percent of the published FMR for that unit size.
- PHAs do not need HUD approval to establish payment standards in the “basic range.”
- HUD must approve any payment standard amounts that are higher or lower than the basic range.
  - HUD field office may approve up to 120 percent.
  - Higher than 120 percent takes approval from HUD headquarters.
- The PHA may establish a separate payment standard within the basic range for a designated part of an FMR.

*CFR 982.505(d)*

- The PHA may establish a higher payment standard within the basic range (90%-110%) if required as a reasonable accommodation for a family that includes a person with disabilities.

### **WHAT PAYMENT STANDARD TO USE**

- The payment standard to be used is the lower of:
  - Payment standard for the family unit size
  - Payment standard for the size of unit selected
- During a HAP contract, the payment standard for a family is the payment standard as determined at the most recent regular reexamination after beginning the HAP contract, unless the PHA has decreased or increased the payment standard amounts.
- If the PHA changes the payment standard schedule, resulting in a lower payment standard amount, during the term of a HAP contract, the PHA must determine the payment standard for the family as follows.

***At the first regular (annual) reexamination following payment standard decrease***

1. The PHA must determine the payment standard for the family using the new lower payment standard amount; and then
2. The PHA must compare the payment standard amount from step 1 to the payment standard amount last used for the family. The PHA must use the *higher* of these two amounts as the payment standard for the first regular reexamination following the decrease in the payment standard amount.
  - The PHA must advise the family that the application of the decreased payment standard amount will be deferred until the family's second regular reexamination following the effective date of the decrease in the payment standard amount.

***At the second reexamination***

- The lower (decreased) payment standard amount is used, unless the PHA has subsequently increased the payment standard amount.
- If the payment standard amount is increased during the term of the HAP contract, the increased payment standard amount is used to calculate the monthly housing assistance payment for the family:
  - at the effective date of the family's first regular reexamination on or after the effective date of the increase in PS amount.

*CFR 982.505 (c)(4)*  
*(FR interim rule, 7/10/00)*

*CFR 982.505 (c)(5)*  
*(FR interim rule, 7/10/00)*

**Change in Family Unit Size During the HAP Contract Term**

- If the family unit size changes during the term of the HAP contract, the new family unit size must be used to determine the payment standard amount:
  - at the family's first regular reexam after the change in family unit size
  - regardless of any increase or decrease in the payment standard schedule

## **Housing Choice Voucher Prorated Rent Calculation**

1. Divide the number of eligible family members by the total number of members in the family. This will provide the proration percentage used to determine the prorated assistance.
2. Multiply the total HAP (total subsidy) by the proration percentage to get the prorated total HAP.
3. Subtract the prorated HAP amount from the gross rent of the unit to get the mixed family total family contribution.
4. Subtract the utility allowance (if any) from the mixed family total family contribution to get the mixed family tenant rent to owner or utility reimbursement payment.
5. Subtract the mixed family tenant rent to owner from the rent to owner to get the prorated HAP to owner.

**PRORATION RENT CALCULATION EXAMPLE**

- The Jones family has six members; four family members are eligible and two family members are noncontending.

Family's Total HAP	\$200
Gross Rent	\$600
Rent to Owner	\$550
Utility Allowance	\$50

- Eligible family members divided by total family members (4 divided by 6 = .67)

Total HAP	\$200
Times proration percentage	x 67%
Equals prorated Total HAP	\$134
Gross Rent	\$600
Minus prorated Total HAP	- 134
Equals Mixed Family Total Family Contribution (TFC)	\$466
Mixed Family TFC	\$466
Minus Utility Allowance	- 50
Equals Mixed Family Tenant Rent	\$416
Rent to Owner	\$550
Minus Family Tenant Rent	- 416
Equals Prorated HAP to Owner	\$134

## **Case Study 3: Champion**

---

### **Case Information**





## Housing Choice Voucher

### CHAMPION FAMILY

Member	Name	Age	Disabled?	SSN	Citizen status
<b>Head</b>	Charles	72	N	456-78-9012	Elig
<b>Spouse</b>	Cynthia	68	N	345-67-8901	Elig
<b>Son</b>	Clyde	23	Y	234-56-7890	Elig

The Champion's Family Unit Size on their voucher is for a 2 bedroom unit. They reside in a 3 bedroom apartment. They pay the electric bill for heating and cooking, and also provide the refrigerator. The Rent to Owner is \$900.

Today's Date: **May 15, 2003**

Scenario:

The Champion Family's annual reexamination is due July 1<sup>st</sup>. Proper notification was sent to the family in a timely manner.

The attached forms include the family's annual report, as well as the verification forms received in response to mailed requests. Also included are copies of additional relevant documents.

# FAMILY ANNUAL REPORT

Program: ☐ Public Housing  
☐ Section 8 HCV  
☐ Housing: \_\_\_\_\_  
☐ Other: \_\_\_\_\_

## GENERAL FAMILY INFORMATION

Head of Household: Charles Champion  
 Present Street Address: 123 4<sup>th</sup> Ave., Cubzide City, ST 55555  
 Mailing Address: Same  
 Home Telephone: 101-555-9989 Work Telephone: 101-555-9891 x 15 (Clyde)

### Household Members

Please list the legal names of all of the people who live with you. Start with the head of household, then spouse/co-head, then minors (oldest to youngest), and then any other adults.

Fam. Mem.	Legal Names	Relationship to Head	Sex	Disabled ? Y/N	Age	Birth Date	Occupation or School Name	Social Security No.
1	Charles Champion	Head of Household	M	No	72	1-18-1931	retired	456-78-9012
2	Cynthia Champion	wife	F	No	68	2-14-1935	retired	345-67-8901
3	Clyde Champion	Son	M	Yes	23	4-15-1980	asst. bookkeeper	234-56-7890
4								
5								
6								
7								
8								
9								

Do you expect anyone to move in or out of your household within the next twelve months?

☐ Yes

☒ No

If yes, explain:

## TOTAL INCOME RECEIVED BY HOUSEHOLD MEMBERS

List ALL money received or earned by everyone living in the household.

Employment Income: Include regular pay, overtime, bonuses, commissions and tips.

Self-Employment: Report both gross income and expenses.

For all Income, report gross income.

Include: employment, self employment, unemployment, child support, regular contributions, social security, SSI, retirement, disability, workman's compensation, TANF, Veteran's Benefits, Rental Property income, Stock dividends, interest alimony, annuities and ALL other sources.

Family Member	Income Type	Amount	rate (hourly, weekly, etc)	Income Source (name & address)	Annual Income	If employed, # of hours per week
Charles	pension	\$ 125.00	monthly	Laborer Union, 4 A st, cubzide	\$ 1500	no
Charles	social security	\$ 325.00	monthly	Social Security	\$ 3900	—
Cynthia	pension	\$ 95.50	monthly	ABC Co, 192 B st, cubzide 55555	\$ 1100	no
Cynthia	social security	\$ 100.00	monthly	Social Security	\$ 1200	no
Clyde	employed	\$ 72.50	every other weekly	lnk, inc 411 C st, cubzide 55555	\$ 870	6-7
		\$			\$	
		\$			\$	

Has anyone in your household applied for any benefits or money, which is in the process of being approved? ☐ Yes ☒ No

If yes, explain WHO, WHAT, and WHEN expected:

Does anyone outside of your household pay for any of your bills or expenses? ☐ Yes ☒ No

If yes, explain WHO, WHEN, and FOR WHAT:

Are you entitled to money/Income not reported above? Child Support: ☐ Yes ☐ No Alimony: ☐ Yes ☒ No

## ASSET INFORMATION

List all assets, including bank accounts, trusts, real estate, property held as an investment, stocks, bonds, annuities, and savings bonds.

Asset Description	Belongs to	Location of Asset/ Financial Institution Name	Account # (N/A if does not apply)	Value of Asset	pays interest or dividends?
checking	charles and cynthia	Bank U.S., 51 3 <sup>rd</sup> , Cubzide City 55555	AB 98765	\$ 592.13	no
savings	charles and cynthia	Bank U.S., 51 3 <sup>rd</sup> , Cubzide City 55555	AC 43210	\$ 4989.15	2%
LOT	charles and cynthia	corner of elm/maple cubzide cy	N/A	\$ 7999.00	no
checking	clyde	Bank U.S., 51 3 <sup>rd</sup> , Cubzide City 55555	AB 65432	\$ 198.02	no
savings	clyde	Bank U.S., 51 3 <sup>rd</sup> , Cubzide City 55555	AC 76321	\$ 200.00	2.3%
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	

Has any household member sold/disposed of any asset for less than market value in the last two years?

☒ Yes

☐ No

If yes, explain WHO, WHAT, WHEN:

in january 2003, we sold another vacant lot (corner of oak/maple) to our daughter colleen. it was worth \$7500.00, but she paid us \$2500.00 we didn't owe anything on the land, but cynthia and i paid \$250.00 in transfer fees.

Charles Champion

## ALLOWANCES AND DEDUCTIONS

## CHILDCARE EXPENSES

Do you pay out of pocket (unreimbursed) childcare costs to work or attend school?

☐ Yes

☒ No

If yes, complete the following:

Child's Name	Child's age	Amount paid	Per (week, month, every two weeks, etc.)	Name, address and phone # of child care provider
		\$		
		\$		
		\$		

## DISABILITY ASSISTANCE EXPENSES *(If NO family member disabled, OR if no family member works, skip to next question)*

List all unreimbursed ATTENDANT CARE expenses and AUXILIARY APPARATUS expenses (wheel chairs, vehicle adaptations, and similar expenses) anticipated to be paid over the next twelve months: ☐ None are anticipated

Member's Name	Type of expense	Expense anticipated	Per (week, month, etc.)	Provider's name, address and phone #
Clyde	wheelchair bill	\$ 100 <sup>00</sup>	month	Medsupco, 4 D st, Cubzide
		\$		
		\$		

**MEDICAL EXPENSES** *(If Head of household, spouse or co-head is neither elderly nor disabled, skip to next question)*

 List all UNREIMBURSED family medical expenses anticipated to be paid over the next twelve months: ☐ None anticipated

Include Medicare premiums, other health insurance premiums, regular payments on medical bills, regular payments for prescription medicine and prescribed non-prescription medicine, and co-payment amounts.

Member's Name	Type of expense	Expense anticipated	Per (week, month, etc.)	Provider's name, address and phone #
Charles	medicare Premium	\$ 50 <sup>00</sup>	month	Social security
cynthia	medicare premium	\$ 50 <sup>00</sup>	month	social security
cynthia	prescriptions	\$ 600 <sup>00</sup>	year	Pharmacy, 4 Dst, cubzide
clyde	glasses	\$ 125 <sup>00</sup>	year	DR. EYE, 3 i st, cubzide
clyde	visit to doctor	\$ 50	month	DR KIM, 74 B ST, cubzide

**AUTHORIZATIONS AND CERTIFICATIONS**

I understand that any misrepresentation of information or any failure to disclose information requested on this application may disqualify me from participation and/or may be grounds for eviction or termination of assistance. TITLE 18, SECTION 1001 OF THE U.S. CODE states that a person who knowingly and willingly makes false or fraudulent statements to any Department or Agency of the United States or the Department of Housing and Urban Development is guilty of a felony.

Head of Household Name Charles champion Signature Charles champion Date 4/30/03

Spouse or Other Adult: cynthia champion Signature Cynthia Champion Date 4/30/03

Spouse or Other Adult: clyde champion Signature Clyde champion Date 5/1/02

Spouse or Other Adult: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse or Other Adult: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

## **NARRATIVE FOR: CHARLES CHAMPION**

06/18/2002 Interim completed, effective for July 1<sup>st</sup>. Clyde purchased a wheelchair for work, added disability expense. Hsg representative 09

02/05/2003 Charles called to report they sold a vacant lot to their daughter Colleen for 1/3 of its value. Colleen purchased it for \$2500. Hsg representative 09

02/28/2003 Mailed off packet for the family's annual reexamination Hsg assistant 12

05/01/2003 The Champion family came in with their family report and signed release forms. 3<sup>rd</sup> party verification forms mailed to: Appraisals R Us, Dr. Kim, Pharmacy, wheelchair company, Clyde's employer, pension companies, Dr. Eye and social security. Verifs pending from family include quitclaim deed and proof of transfer fee for lot sold to Colleen in January. Notarized statements for both lots needed. Bank U.S. would not provide 3<sup>rd</sup> party verification so obtained bank statements from the family. Hsg representative 09

05/06/2003 Clyde brought in remaining verifications for the family. Hsg representative 09

05/15/2003 Calculated new family share. Annual reexamination completed, family and owner notified, 50058 completed. Hsg representative 09





## **Case Study 3: Champion**

---

# **Verifications**



## Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)  
and the Housing Agency/Authority (HA)

U.S. Department of Housing  
and Urban Development  
Office of Public and Indian Housing

PHA requesting release of information: (Cross out space if none)  
(Full address, name of contact person, and date)

Cubzide Housing Authority 4/30/03  
  
246 First Ave.  
  
Cubzide City, ST 55555  
  
Contact: Claire Competent

IHA requesting release of information: (Cross out space if none)  
(Full address, name of contact person, and date)

**Authority:** Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

**Purpose:** In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

**Uses of Information to be Obtained:** HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

**Who Must Sign the Consent Form:** Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

PHA-owned rental public housing  
Turnkey III Homeownership Opportunities  
Mutual Help Homeownership Opportunity  
Section 23 and 19(c) leased housing  
Section 23 Housing Assistance Payments  
HA-owned rental Indian housing  
Section 8 Rental Certificate  
Section 8 Rental Voucher  
Section 8 Moderate Rehabilitation

**Failure to Sign Consent Form:** Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

### Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

**This consent form expires 15 months after signed.**

Date \_\_\_\_\_

**Date**

**Date**

                      
Date

Date \_\_\_\_\_

Page 9-28

## DECLARATION OF SECTION 214 STATUS

NOTICE TO APPLICANTS AND TENANTS: In order to be eligible to receive the housing assistance sought, each applicant for, or recipient of, housing assistance must be lawfully within the United States. Please read the declaration statement carefully and then sign and return it to the housing authority office. Please feel free to consult with an immigration lawyer or other immigration expert of your choice.

I, Charles Champion, certify, under penalty of perjury<sup>1</sup>, that, to the best of my knowledge, I am lawfully within the United States because (please check appropriate box):

- ☒ I am a citizen by birth, a naturalized citizen, or a national of the United States; or
- ☐ I have eligible immigration status and I am 62 years of age or older (attach proof of age<sup>2</sup>); or
- ☐ I have eligible immigration status as checked below (see reverse side of this form for explanations; attach INS document(s) evidencing eligible immigration status and signed verification consent form):
  - ☐ Immigrant status under §§101(a)(15) or 101(a)(20) of the Immigration and Nationality Act (INA)<sup>3</sup>; or
  - ☐ Permanent residence under §249 of INA<sup>4</sup>; or
  - ☐ Refugee, asylum, or conditional entry status under §§207, 208, or 203 of the INA<sup>5</sup>; or
  - ☐ Parole status under §§212(d)(5) of the INA<sup>6</sup>; or
  - ☐ Threat to life or freedom under §243(h) of the INA<sup>7</sup>; or
  - ☐ Amnesty under §245A of the INA<sup>8</sup>.

Charles Champion

Signature\*

4/30/03

Date

\*PARENT/GUARDIAN must sign for family members under age 18. DO NOT sign child's name.

## DECLARATION OF SECTION 214 STATUS

NOTICE TO APPLICANTS AND TENANTS: In order to be eligible to receive the housing assistance sought, each applicant for, or recipient of, housing assistance must be lawfully within the United States. Please read the declaration statement carefully and then sign and return it to the housing authority office. Please feel free to consult with an immigration lawyer or other immigration expert of your choice.

I, Cynthia Champion, certify, under penalty of perjury<sup>1</sup>, that, to the best of my knowledge, I am lawfully within the United States because (please check appropriate box):

- ☒ I am a citizen by birth, a naturalized citizen, or a national of the United States; or
- ☐ I have eligible immigration status and I am 62 years of age or older (attach proof of age<sup>2</sup>); or
- ☐ I have eligible immigration status as checked below (see reverse side of this form for explanations; attach INS document(s) evidencing eligible immigration status and signed verification consent form):
- ☐ Immigrant status under §§101(a)(15) or 101(a)(20) of the Immigration and Nationality Act (INA)<sup>3</sup>; or
  - ☐ Permanent residence under §249 of INA<sup>4</sup>; or
  - ☐ Refugee, asylum, or conditional entry status under §§207, 208, or 203 of the INA<sup>5</sup>; or
  - ☐ Parole status under §§212(d)(5) of the INA<sup>6</sup>; or
  - ☐ Threat to life or freedom under §243(h) of the INA<sup>7</sup>; or
  - ☐ Amnesty under §245A of the INA<sup>8</sup>.

Cynthia Champion  
Signature\*

4/30/03  
Date

\*PARENT/GUARDIAN must sign for family members under age 18. DO NOT sign child's name.

# Certificate of Birth

Cappa County  
State

Name: Charles Champion

Date: January 18, 1931

Sex: Male

Birthplace: Cappa County Hospital, Cappa,  
State

Father: Clyde Champion of Cappa, State,  
born June 18, 1901

Mother: Calista Cannon Champion of Cappa,  
State, born August 29, 1900

Signature of Authenticity:

*Carl Cranston*

*January 30, 1931*

---

Carl Cranston, Cappa County Recorder

Date

# Certified Birth Record

<b>Name of Child</b>	Cynthia Crawford
<b>Date of Birth</b>	February 14, 1935
<b>Birthplace</b>	Centralia, State, U.S.A.
<b>Residence of Mother</b>	Centralia, State, U.S.A.
<b>Date Filed by Local Registrar</b>	March 1, 1935
<b>Sex</b>	Female
<b>Single, Twin, or Other</b>	Single
<b>Name of Father</b>	Cooper Crawford
<b>Age at Last Birthday</b>	29
<b>Birthplace of Father</b>	Cambridge, State
<b>Maiden Name of Mother</b>	Carmen Castillo
<b>Age at Last Birthday</b>	29
<b>Birthplace of Mother</b>	Mexico City, Mexico

I do hereby certify that the above is a true and correct copy of the legal birth record on file in the office of the clerk of court, Centralia, State, United States of America.

Claudia C. Carpenter

Claudia C. Carpenter, Clerk of Court

Oct. 10, 1990

Date



# CUBZIDE CITY, ST

## CERTIFICATE OF LIVE BIRTH COUNTY OF CUBZIDE, STATE

THIS CHILD	FIRST NAME	MIDDLE	LAST NAME	SEX	BIRTH DATE
	Clyde		Champion	M	April 15 1980
BIRTH PLACE	HOSPITAL	ADDRESS		COUNTY	STATE
	Cubzide	987 12 <sup>th</sup> Ave, Cubzide City		Cubzide	State
CHILD'S FATHER	FIRST NAME	MIDDLE	LAST NAME	BIRTH STATE	BIRTH DATE
	Charles		Champion	State	January 18 1931
CHILD'S MOTHER	FIRST NAME	MIDDLE	LAST NAME	BIRTH STATE	BIRTH DATE
	Cynthia		Champion	State	February 14 1935
CERTIFI- CATION OF BIRTH	ATTENDANT/ CERTIFIER NAME		ATTENDANT/ CERTIFIER SIGNATURE		DATE SIGNED
	J. T. Monroe		<i>J. T. Monroe</i>		04-23-1980



# Appraisals R Us

101 Main Street  
Cubzide City, State 55555

May 4, 2003

Cubzide Housing Authority  
246 First Avenue  
Cubzide City, State 55555

Re: Charles and Cynthia Champion  
Parcel #55566, Lot #166

To Whom It May Concern:

Cubzide County records confirm that Charles and Cynthia Champion are the owners of a vacant lot measuring 70 feet by 70 feet on the southwest corner of Elm and Maple streets in Cubzide City. On the basis of recent sales of similarly situated properties in the same neighborhood, I estimate the current market value of the Champions' lot to be approximately \$7999. The customary sales charge for selling such a lot is currently \$300. A copy of my appraisal is attached.

Yours truly,

*C. C. Case*

C. C. Case  
Certified Appraiser  
State-Licensed Appraiser

Att. 1

## PROPERTY APPRAISAL

**DATE:** May 4, 2003

**APPRAISAL REQUESTED BY:** Charles and Cynthia Champion

**APPRAISAL CONDUCTED BY:** C. C. Case, CA, SLA

**PROPERTY ID:** Parcel #55566, Lot # 166

**LOCATION:** Southwest corner of Elm and Maple streets, Cubzide City, ST

**DESCRIPTION:** Vacant lot measuring 70 feet by 70 feet (4,900 square feet) adjacent to a single-family dwelling on the west (facing Elm Street) and an apartment building on the south (facing Maple Street)

**OWNERS OF RECORD:** Charles and Cynthia Champion

**EST. CURRENT MARKET VALUE:** \$7,999.00

**EST. SALES CHARGE:** \$300.00

*C. C. Case*

*May 4, 2003*

---

C. C. Case, CA, SLA

Date

# Appraisals R Us

101 Main Street  
Cubzide City, State 55555

May 4, 2003

Cubzide Housing Authority  
246 First Avenue  
Cubzide City, State 55555

Re: Charles and Cynthia Champion  
Appraisal of Parcel #55565, Lot #155

To Whom It May Concern:

At the request of Charles and Cynthia Champion, I am enclosing a copy of an appraisal that I conducted for them earlier this year. If you have any questions, please feel free to call me at 555-5678, Ext. 123.

Yours truly,

*C. C. Case*

C. C. Case  
Certified Appraiser  
State-Licensed Appraiser

Enc. 1

## PROPERTY APPRAISAL

**DATE:** January 15, 2003

**APPRAISAL REQUESTED BY:** Charles and Cynthia Champion

**APPRAISAL CONDUCTED BY:** C. C. Case, CA, SLA

**PROPERTY ID:** Parcel #55565, Lot #155

**LOCATION:** Northeast corner of Oak and Maple streets, Cubzide City, ST

**DESCRIPTION:** Vacant lot measuring 60 feet by 60 feet (3,600 square feet) adjacent to two single-family dwellings

**OWNERS OF RECORD:** Charles and Cynthia Champion

**EST. CURRENT MARKET VALUE:** \$7,500.00

**EST. SALES CHARGE:** \$250.00

*C. C. Case*

*May 4, 2003*

---

C. C. Case, CA, SLA

Date

QUITCLAIM DEED

THIS QUITCLAIM DEED, Executed this 20<sup>th</sup> day of January, 2003

first party, to Charles and Cynthia Champion  
whose address is 123-4<sup>th</sup> Ave., Cubzide City, ST 55555  
to second party: Colleen Champion  
whose address is 456-5<sup>th</sup> Ave., Cubzide City, ST 55555

WITNESSETH, That the said first party, for good consideration and for the sum of twenty-five hundred Dollars (\$ 2,500 ) paid by the said second party, the receipt whereof is hereby acknowledged, does hereby remise, release and quitclaim unto the said second party forever, all the right, title, interest and claim which the said first party has in and to the following described parcel of land, and improvements and appurtenances thereto in the County of Cubzide, State of State, to wit:

Parcel number 55565, Lot number 155

IN WITNESS WHEREOF, The said first party has signed and sealed these presents the day and year first above written.

Signed, sealed and delivered in presence of:

Charles Champion  
Cynthia Champion

Wendy Witness  
Alejo Witness

State of State

} ss.

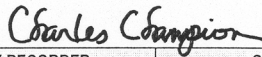
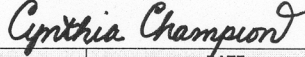
County of Cubzide

On January 20<sup>th</sup> before me, Cathy Clark, Notary Public, personally appeared Charles and Cynthia Champion who proved to me on the basis of satisfactory evidence to be the persons whose names subscribed to the within instrument and acknowledged to me that they executed the same in their authorized capacity and that by their signatures on the instrument the persons executed the instrument.

WITNESS my hand and official seal.

Signature Cathy Clark

Cathy Clark  
Commission #XXXXXXX  
Notary Public-State  
Cubzide County  
My Comm. Expires 1/1/10

TRANSFER OF OWNERSHIP RECORDER'S OFFICE COUNTY OF CUBZIDE, STATE		
PROPERTY	Parcel 55565, Lot 155, northeast corner of Oak and Maple streets, Cubzide City, ST	
CURRENT OWNER OF RECORD	Charles and Cynthia Champion, 123-4 <sup>th</sup> Ave., Cubzide City, ST 55555	
NEW OWNER OF RECORD	Colleen Champion, 456-5 <sup>th</sup> Ave., Cubzide City, St 55555	
DATE OF TRANSFER	January 20, 2003	
TRANSFER FEE	\$250.00	
SIGNATURE OF CURRENT OWNER	 	
COUNTY RECORDER	SIGNATURE	DATE
Conrad Cook	Conrad Cook	1-20-03



State of State

} ss.

County of Cubzide

- ☐ See Attached Document (Notary to cross out lines 1-11 below).  
☒ See Statement Below (Lines 1-11 to be completed only by document signer[s], not the Notary).

1 We, Charles and Cynthia Champion, certify that:

2 (1) We owe no money on our lot at the corner of Elm

3 and Maple streets (parcel number 55566, lot number 166)

4 in Cubzide City, State.

5 (2) We owed no money on our lot at the corner of Oak

5 and Maple streets (parcel number 55565, lot number 155)

7 when we sold it to our daughter, Colleen, in January

8 2003.

9

10

11

Charles Champion

Signature of Document Signer No. 1

Cynthia Champion

Signature of Document Signer No. 2 (if any)

Subscribed and sworn to (or affirmed) before me this

2nd day of May, 2003, by

(1) Charles Champion

Name of Signer No. 1

(2) Cynthia Champion

Name of Signer No. 2 (if any)

Cathy Clark

Signature of Notary Public

Cathy Clark  
Commission #XXXXXXX  
Notary Public-State  
Cubzide County  
My Comm. Expires 1/1/10

State of State

} ss.

County of Cubzide

- ☐ See Attached Document (Notary to cross out lines 1-11 below).  
☒ See Statement Below (Lines 1-11 to be completed only by document signer[s], not the Notary).

1 I, Colleen Champion, certify that I paid my parents,  
2 Charles and Cynthia Champion, two thousand five hundred  
3 dollars (\$2,500) for their lot at the corner of Oak and  
4 Maple streets (parcel number 55565, lot number 155)  
5 in Cubzide City, State, in January 2003.

6  
7  
8  
9  
10

11 Colleen Champion  
Signature of Document Signer No. 1

Signature of Document Signer No. 2 (if any)

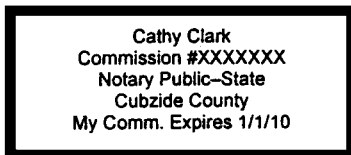
Subscribed and sworn to (or affirmed) before me this

2nd day of May, 2003, by

(1) Colleen Champion  
Name of Signer No. 1

(2) ~  
Name of Signer No. 2 (if any)

Cathy Clark  
Signature of Notary Public





# Bank U. S.

51 3<sup>RD</sup> ST  
CUBSIDE CITY, ST 55555

## STATEMENT OF ACCOUNT

*"We treat your money as  
though it were our own!"*

CHARLES AND CYNTHIA CHAMPION  
123 4<sup>TH</sup> AVENUE  
CUBSIDE CITY, ST 55555

STATEMENT PERIOD: FROM 11-05-02 THRU 05-04-03

SPECIAL NON-INT CHECKING      BANK OF US, ST      FDIC NON-INSURED

CHARLES CHAMPION  
CYNTHIA CHAMPION

ACCOUNT NUMBER: AB98765

INTEREST RATE: 0.0%

FROM	THRU	BEGINNING BALANCE	TOTAL WITHDRAWALS	TOTAL DEPOSITS	ENDING BALANCE
04-05-03	05-04-03	\$564.13	\$375.04	\$403.04	\$610.13
03-05-03	04-04-03	\$629.13	\$175.24	\$110.24	\$564.13
02-05-03	03-04-03	\$620.13	\$295.47	\$304.47	\$629.13
01-05-03	02-04-03	\$537.13	\$188.22	\$271.22	\$620.13
12-05-02	01-04-03	\$610.13	\$293.33	\$220.33	\$537.13
11-05-02	12-04-02	\$491.13	\$229.00	\$348.00	592.13

YTD INTEREST PAID: \$0.0

DATE	WITHDRAWALS	DEPOSITS	TRANSACTIONS
05/01	125.00		CHECK # 1415
04/28	225.04		CHECK # 1413
04/27		\$403.04	
04/01	30.24		CHECK # 1414
03/29	125.00		CHECK # 1412
03/28	20.00		ATM
03/25		\$110.24	

ADDITIONAL TRANSACTION DETAILS AVAILABLE ONLINE AT [WWW.USBANKOFCUBSIDE.COM](http://WWW.USBANKOFCUBSIDE.COM)



# Bank U. S.

51 3<sup>RD</sup> ST  
CUBZIDE CITY, ST 55555

## STATEMENT OF ACCOUNT

*"We treat your money as  
though it were our own!"*

CLYDE CHAMPION  
123 4<sup>TH</sup> AVENUE  
CUBZIDE CITY, ST 55555

STATEMENT PERIOD: FROM 11-05-02 THRU 05-04-03

SPECIAL NON-INT CHECKING	BANK OF US, ST	FDIC NON-INSURED
--------------------------	----------------	------------------

CLYDE CHAMPION

ACCOUNT NUMBER: AB65432

INTEREST RATE: 0.0%

FROM	THRU	BEGINNING BALANCE	TOTAL WITHDRAWALS	TOTAL DEPOSITS	ENDING BALANCE
04-05-03	05-04-03	\$270.02	\$85.04	\$13.04	\$198.02
03-05-03	04-04-03	\$135.02	\$75.24	\$210.24	\$270.02
02-05-03	03-04-03	\$226.02	\$95.47	\$4.47	\$135.02
01-05-03	02-04-03	\$143.02	\$88.22	\$171.22	\$226.02
12-05-02	01-04-03	\$216.02	\$93.33	\$20.33	\$143.02
11-05-02	12-04-02	\$211.02	\$29.00	\$34.00	\$216.02

YTD INTEREST PAID: \$0.0

DATE	WITHDRAWALS	DEPOSITS	TRANSACTIONS
05/02	25.00		CHECK # 1041
04/20	30.04		CHECK # 1043
04/27		\$ 13.04	
04/11	30.00		CHECK # 1042
03/29	55.24		CHECK # 1044
03/28	20.00		ATM
03/23		\$210.24	

ADDITIONAL TRANSACTION DETAILS AVAILABLE ONLINE AT [WWW.USBANKOFCUBZIDE.COM](http://WWW.USBANKOFCUBZIDE.COM)



# Bank U. S.

51 3<sup>RD</sup> ST  
CUBZIDE CITY, ST 55555

## STATEMENT OF ACCOUNT

*"We treat your money as  
though it were our own!"*

CHARLES, CYNTHIA AND CLYDE CHAMPION  
123 4<sup>TH</sup> AVENUE  
CUBZIDE CITY, ST 55555

### STATEMENT PERIOD:

FROM 04-05-03  
THRU 05-04-03

---

SPECIAL PLATINUM SAVINGS	BANK OF US, ST	FDIC NON-INSURED
--------------------------	----------------	------------------

---

CHARLES CHAMPION  
CYNTHIA CHAMPION

ACCOUNT NUMBER: AC43210

INTEREST RATE: 2.5%

BEGINNING BALANCE	TOTAL WITHDRAWALS	TOTAL DEPOSITS	ENDING BALANCE
\$4900.15	\$20.00	\$ 109.00	\$4989.15

YTD INTEREST PAID: \$5.15

DATE	WITHDRAWALS	DEPOSITS	TRANSACTIONS
05/01	20.00		ATM
04/28		105.00	
04/27		4.00	INTEREST

---

PLATINUM SAVINGS	BANK OF US, ST	FDIC NON-INSURED
------------------	----------------	------------------

---

CLYDE CHAMPION

ACCOUNT NUMBER: AB65432

INTEREST RATE: 2.3%

BEGINNING BALANCE	TOTAL WITHDRAWALS	TOTAL DEPOSITS	ENDING BALANCE
\$210.02	\$20.00	\$ 10.00	\$200.02

YTD INTEREST PAID: \$.15

DATE	WITHDRAWALS	DEPOSITS	TRANSACTIONS
05/02	20.00		ATM
04/28		10.00	

Verification of Pension or Annuity Income

Re Charles Champion  
ID # 456-78-9012

Social Security # 456-78-9012

Dear Sir/Madam;

We are required to verify the incomes of all family members living in or applying for public housing or Section 8 housing. We ask your cooperation by supplying the information requested below about the referenced person. We will use any information you provide only to determine the family's eligibility and rent, and pledge to keep the data in strict confidence.

We would greatly appreciate your prompt return of this letter. A self-addressed, stamped return envelope is enclosed. Note that the person referenced has authorized your release of the information. If you have any questions, please call Claire Competent.

Sincerely: Claire Competent 5/1/03

Current Gross Monthly amount of Pension \$ 125 / Month  
Current Gross Monthly amount of Annuity \$ \_\_\_\_\_ / Month  
Deductions for Gross Medical Insurance Premium \$ \_\_\_\_\_ / Month  
Other Deductions, Please specify: \_\_\_\_\_ \$ \_\_\_\_\_ / Month  
Date of Initial Award: 2/1/96  
Effective Date of Current amount 2/1/96

Agency Name: Laborer Union Address: 4 A St., Cubzide City

Name of Person Completing this Form: Consuelo Chavez Date: 5/8/03

Title: C. Chavez Signature: Treasurer

Applicant/Tenant Release

I Charles Champion hereby authorize the release of the requested information.

Charles Champion 4/30/03  
Signature Date

**Verification of Pension or Annuity Income**

Re Cynthia Champion

Social Security # 345-67-8901

ID # 345-67-8901

Dear Sir/Madam;

We are required to verify the incomes of all family members living in or applying for public housing or Section 8 housing. We ask your cooperation by supplying the information requested below about the referenced person. We will use any information you provide only to determine the family's eligibility and rent, and pledge to keep the data in strict confidence.

We would greatly appreciate your prompt return of this letter. A self-addressed, stamped return envelope is enclosed. Note that the person referenced has authorized your release of the information. If you have any questions, please call Claire Competent.

Sincerely: Claire Competent 5/1/03

Current Gross Monthly amount of Pension \$ 125 / Month

Current Gross Monthly amount of Annuity \$ \_\_\_\_\_ / Month

Deductions for Gross Medical Insurance Premium \$ \_\_\_\_\_ / Month

Other Deductions, Please specify: Taxes \$ 29.50 / Month

Date of Initial Award: 3/1/00

Effective Date of Current amount 3/1/00

Agency Name: ABC Co. Address: 192 B St., Cubside City

Name of Person Completing this Form: Chris Carter Date: 5/13/03

Title: Director, Human Resources Signature: Chris Carter

**Applicant/Tenant Release**

I Cynthia Champion hereby authorize the release of the requested information.

Cynthia Champion 4/20/03  
Signature Date

Verification of Receipt of Social Security/SSI Income

Re Charles Champion

Social Security # 456-78-9012

Dear Sir/Madam;

We are required to verify the incomes of all family members living in or applying for public housing or Section 8 housing. We ask your cooperation by supplying the information requested below about the referenced person. We will use any information you provide only to determine the family's eligibility and rent, and pledge to keep the data in strict confidence.

We would greatly appreciate your prompt return of this letter. A self-addressed, stamped return envelope is enclosed. Note that the person referenced has authorized your release of the information. If you have any questions, please call Claire Competent.

Sincerely: Claire Competent 5/1/03

1. Gross Monthly Payment

\$ 375\*

2. Please check Type of Benefits Received by this family

\* Regular benefit of \$400/mo. is being reduced by \$25 for prior over-payment. Regular benefit to resume July 2004.

(a) Social Security Retirement



Disability



Widow(er)



Child(ren)



(B) Supplemental Security Income (Including State Supplement)

Old Age



Disability



Blind



3. Monthly Medicare/Medicaid Deduction

\$ 50

Agency Name: SSA Office

Address: 678 Main St., Cubside City

Person Completing this Form: Cy Clemmons

Date: May 10, 2003

Title: Clerk IV

Signature: Cy Clemmons

Applicant/Tenant Release

I Charles Champion

hereby authorize the release of the requested information.

Signature

Date



Verification of Receipt of Social Security/SSI Income

Re Cynthia Champion

Social Security # 345-67-8901

Dear Sir/Madam;

We are required to verify the incomes of all family members living in or applying for public housing or Section 8 housing. We ask your cooperation by supplying the information requested below about the referenced person. We will use any information you provide only to determine the family's eligibility and rent, and pledge to keep the data in strict confidence.

We would greatly appreciate your prompt return of this letter. A self-addressed, stamped return envelope is enclosed. Note that the person referenced has authorized your release of the information. If you have any questions, please call Claire Competent.

Sincerely: Claire Competent 5/1/03

1. Gross Monthly Payment \$ 150

2. Please check Type of Benefits Received by this family

(a) Social Security Retirement



Disability



Widow(er)



Child(ren)



(B) Supplemental Security Income (Including State Supplement)

Old Age



Disability



Blind



3. Monthly Medicare/Medicaid Deduction \$ 50

Agency Name: SSA Office Address: 678 Main St., Cubside City

Person Completing this Form: Cy Clemmons Date: May 10, 2003

Title: Clerk IV Signature: Cy Clemmons

Applicant/Tenant Release

I Cynthia Champion hereby authorize the release of the requested information.

Cynthia Champion

Signature

4/30/03

Date

**Ink, Inc., 411 C St., Cubzide City, ST 55555**

Employee Name		Employee SSN		Period Start		Period End		Check Date	
Clyde Champion		234-56-7890		01-27-03		02-07-03		02-10-03	
Earnings/Compensation						Deductions/Taxes/Miscellaneous			
Description	Rate	Hrs	Amount	Year to Date		Description	Amount	Year to Date	
Wages	7.00	14	98.00	294.00		Fed W/H	12.24	36.72	
						FICA	6.08	18.24	
						Medicare	1.42	4.26	
						ST W/H	5.76	17.28	
Gross Pay:		98.00	Total Deductions:		25.50	Net Pay:		72.50	

**Ink, Inc., 411 C St., Cubzide City, ST 55555**

Employee Name		Employee SSN		Period Start		Period End		Check Date	
Clyde Champion		234-56-7890		02-10-03		02-21-03		02-24-03	
Earnings/Compensation						Deductions/Taxes/Miscellaneous			
Description	Rate	Hrs	Amount	Year to Date		Description	Amount	Year to Date	
Wages	7.00	14	98.00	392.00		Fed W/H	12.24	48.96	
						FICA	6.08	24.32	
						Medicare	1.42	5.68	
						ST W/H	5.76	23.04	
Gross Pay:		98.00	Total Deductions:		25.50	Net Pay:		72.50	

**Ink, Inc., 411 C St., Cubzide City, ST 55555**

Employee Name		Employee SSN		Period Start		Period End		Check Date	
Clyde Champion		234-56-7890		02-24-03		03-07-03		03-10-03	
Earnings/Compensation						Deductions/Taxes/Miscellaneous			
Description	Rate	Hrs	Amount	Year to Date		Description	Amount	Year to Date	
Wages	7.00	14	98.00	490.00		Fed W/H	12.24	61.20	
						FICA	6.08	30.40	
						Medicare	1.42	7.10	
						ST W/H	5.76	28.80	
Gross Pay:		98.00	Total Deductions:		25.50	Net Pay:		72.50	

**Ink, Inc., 411 C St., Cubzide City, ST 55555**

Employee Name		Employee SSN		Period Start	Period End	Check Date		
Clyde Champion		234-56-7890		03-10-03	03-21-03	03-24-03		
Earnings/Compensation						Deductions/Taxes/Miscellaneous		
Description	Rate	Hrs	Amount	Year to Date		Description	Amount	Year to Date
Wages	7.00	14	98.00	588.00		Fed W/H	12.24	73.44
						FICA	6.08	36.48
						Medicare	1.42	8.52
						ST W/H	5.76	34.56
Gross Pay:		98.00	Total Deductions:		25.50	Net Pay: 72.50		

**Ink, Inc., 411 C St., Cubzide City, ST 55555**

Employee Name		Employee SSN		Period Start		Period End		Check Date	
Clyde Champion		234-56-7890		03-24-03		04-04-03		04-07-03	
Earnings/Compensation						Deductions/Taxes/Miscellaneous			
Description	Rate	Hrs	Amount	Year to Date		Description	Amount	Year to Date	
Wages	7.00	14	98.00	686.00		Fed W/H	12.24	85.68	
						FICA	6.08	42.56	
						Medicare	1.42	9.94	
						ST W/H	5.76	40.32	
Gross Pay:		98.00		Total Deductions:		25.50		Net Pay: 72.50	

**Ink, Inc., 411 C St., Cubzide City, ST 55555**

Employee Name	Employee SSN	Period Start	Period End	Check Date	
Clyde Champion	234-56-7890	04-07-03	04-18-03	04-21-03	
Earnings/Compensation					
Description	Rate	Hrs	Amount	Year to Date	
Wages	7.00	14	98.00	784.00	
Deductions/Taxes/Miscellaneous					
Description	Amount	Year to Date			
Fed W/H	12.24	97.92			
FICA	6.08	48.64			
Medicare	1.42	11.36			
ST W/H	5.76	46.08			
Gross Pay:	98.00	Total Deductions:	25.50	Net Pay:	72.50

### Verification of Income from Employment

Re Clyde Champion

Social Security # 234-56-7890

Dear Sir/Madam;

We are required to verify the incomes of all family members living in or applying for public housing or Section 8 housing. We ask your cooperation by supplying the information requested below about the referenced person. We will use any information you provide only to determine the family's eligibility and rent, and pledge to keep the data in strict confidence.

We would greatly appreciate your prompt return of this letter. A self-addressed, stamped return envelope is enclosed. Note that the person referenced has authorized your release of the information. If you have any questions, please call Claire Competent.

Sincerely: Claire Competent 5/1/03

- 
1. Employed Since: 1-2-01 2. Job Title: Assistant Bookkeeper
  3. Salary, Base Pay Rate: \$ 17<sup>00</sup> per hour \$ 49<sup>00</sup> per week \$ \_\_\_\_\_ per month
  4. Average hours worked at Base Pay Rate: 7 hrs/week, or \_\_\_\_\_ hrs/month in year.
  5. Is this person likely to get Overtime? ☐ Yes ☒ No If yes, Overtime Pay Rate \$ \_\_\_\_\_ Hr
  6. Average number of Overtime hours expected during the next 12 months: 0 Hrs/Month
  7. Any other compensation not listed above? Please specify for commissions, bonuses, tips, etc.?  
For N/A \$ \_\_\_\_\_ per \_\_\_\_\_
  8. Is pay received for vacation? ☐ Yes ☒ No If yes, number of days/year: \_\_\_\_\_
  9. Total Base Pay Earnings for last 12 months: \$ \_\_\_\_\_
  10. Total Overtime Earnings for the last 12 months: \$ 0
- 

Firm Name: Ink, Inc. Address: 411 C St. Cubzide City  
Name of Person Completing this Form: C. Counting, Jr. Date: 5-10-03  
Title: Owner Signature: C. Counting, Jr.

---

#### Applicant/Tenant Release

I Clyde Champion hereby authorize the release of the requested information.

Clyde Champion

Signature

5/1/03

Date

**Cubzide Housing Authority**  
**FAMILY CERTIFICATION FOR**  
**DISABILITY EXPENSE REIMBURSEMENT**

Name of family member with disability: Clyde Champion

I/We Charles Champion certify that the above-named person is being provided with ~~attendant care~~ or the use of auxiliary apparatus to enhance his/her ability to live independently. The circumstances related to the cost of the ~~care or~~ apparatus are as follows:

☒ We do not receive reimbursement from any outside source such as insurance, Medicare, state grants, or individuals.

☐ We are receiving reimbursement for a portion of these costs from \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ per \_\_\_\_\_ week \_\_\_\_\_ month. We will provide third party documentation as to the frequency and amount of this reimbursement.

☒ The cost of ~~attendant care or~~ auxiliary equipment is not paid to a family member living in our household.

Charles Champion  
Signature

4/30/03  
Date

**Cubzide Housing Authority**

**DISABILITY EXPENSE ALLOWANCE VERIFICATION**

Dear Sir or Madam:

Special considerations in public housing are authorized for families with expenses related to the attendant care or auxiliary apparatus required for a family member with disabilities. The availability of the care or the apparatus must enable the person with disabilities or other family member to work. Verification of the need for and amount of such expenses can result in a reduced rent for the family. Such verifications must be retained in our files.

Will you please fill in the information or certify as to the need for attendant care or auxiliary apparatus as requested on the attached form? Once completed please return it to us as soon as possible. We will keep the information in strict confidence and will use it to determine the family's eligibility for reduced rent.

Sincerely,

*Claire Competent*

---

**TENANT/APPLICANT RELEASE**

I/We, Clyde Champion, hereby give consent for the information sought by this letter to be released as requested.

*Clyde Champion*  
Signature

*5/1/03*  
Date

**Please return the completed form to:**

**Cubzide Housing Authority**

**246 First Ave.**

**Cubzide City, ST 55555**

**Attn: Claire Competent**

Cubzide Housing Authority

EMPLOYER'S CERTIFICATION OF NEED FOR  
AUXILIARY APPARATUS TO PERMIT EMPLOYMENT

Name of family member with disabilities: Clyde Champion

Full name and address of employer completing this certification:

Name: Ink, Inc.

Address: 411 C St.

Cubzide City, ST 55555

I certify that the above-named person is employed by our agency/firm; and that the use of auxiliary apparatus is necessary for his/her employment.\*

If further information is required, please contact C. Counting, Jr.  
by calling (101) 555 - 0101.

C. Counting, Jr.  
Signature

5-10-03  
Date

Owner  
Title

\* The auxiliary apparatus is a wheelchair, which Clyde needs to negotiate the ramps in our office.

TENANT/APPLICANT RELEASE I, Clyde Champion, hereby authorize the release of the requested information

Clyde Champion  
Signature

5/1/03  
Date

Please return completed form to:

Cubzide Housing Authority

246 First Ave.

Cubzide City, ST 55555

Attn: Claire Competent

Cubzide Housing Authority

AUXILIARY APPARATUS COST VERIFICATION SHEET  
FAMILY MEMBER WITH DISABILITY

Family member's name: Clyde Champion Age: 23  
Age: \_\_\_\_\_

Indicate the type of apparatus furnished to the handicapped or disabled family member:

☒ wheelchair ☐ reading device  
☐ walker ☐ other: \_\_\_\_\_

Indicate if apparatus is leased or purchased:

Date purchased: 6 / 6 / 02 Cost: \$ 5,000\*  
Date leased:       /      /       Cost: \$ \_\_\_\_\_

Are installment or lease payments being made? ☒ yes ☐ no

If yes, indicate frequency and amount: \$ 100, \_\_\_\_\_ weekly ☒ monthly

Term of installment purchase or lease: 50 (# of months), from  
6/02 to 7/06.

Estimated apparatus costs for upcoming 12 months \$1,200.

Equipment added to vehicles to permit use by a handicapped or disabled individual:

Describe type of equipment: N/A

Estimated cost (labor and materials): \$ \_\_\_\_\_

Type of vehicle modified:

Car: \_\_\_\_\_ make \_\_\_\_\_ model \_\_\_\_\_ year \_\_\_\_\_ tag # \_\_\_\_\_

Truck: \_\_\_\_\_ make \_\_\_\_\_ model \_\_\_\_\_ year \_\_\_\_\_ tag # \_\_\_\_\_

Van: \_\_\_\_\_ make \_\_\_\_\_ model \_\_\_\_\_ year \_\_\_\_\_ tag # \_\_\_\_\_

Date modified: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_.

Are payments being made on vehicle modifications? ☐ yes ☐ no

If yes, indicate frequency and amount: \$ \_\_\_\_\_

\* AMOUNT PAID TO DATE: \$1,100  
AMOUNT DUE: \$3,900



\_\_\_\_\_ weekly \_\_\_\_\_ monthly other: \_\_\_\_\_

Term of installment purchase: \_\_\_\_\_

(# of months), From \_\_\_\_\_ To \_\_\_\_\_

Estimated vehicle modification costs for upcoming 12 months: \$ \_\_\_\_\_

Name of individual or company that has or will provide apparatus or vehicle modification:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Contact person:

CONNIE CARETAKER, MEDSUPCO, 4 D ST., CUBSIDE

Connie Caretaker  
Signature

5/9/03  
Date

MANAGER  
Title

## Housing Authority

### DISABILITY VERIFICATION FORM

Public Housing Authorities are required to verify the disability of applicants claiming to be disabled to determine the applicant's eligibility for the housing and to compute rent. The resident has signed a release form below giving you permission to supply us with this information. Please fill out the form below and return it at your earliest convenience.

Sincerely yours, Claire Competent, Cubzide HA, 246-1st Ave., Cubzide

Claire Competent 5/1/03

The Department of Housing and Urban Development defines a disabled person in 3 ways:

- (1) A disabled person is one with an inability to engage in any substantial gainful activity because of any physical or mental impairment that is expected to result in death or has lasted or can be expected to last continuously for at least 12 months; or for a blind person at least 55 years old, inability because of blindness to engage in any substantial gainful activities comparable to those in which the person was previously engaged with some regularity and over a substantial period.
- (2) A developmentally disabled person is one with a severe chronic disability that:
  - (a) is attributable to a mental and/or physical impairment;
  - (b) as manifested before age 22;
  - (c) is likely to continue indefinitely;
  - (d) results in substantial functional limitations in three or more of the following areas: capacity for independent living, self-care, receptive and expressive language; learning, mobility, self-direction, and economic self-sufficiency AND
  - (e) requires special interdisciplinary or generic care treatment, or other services which are of extended or lifelong duration and are individually planned or coordinated.
- (3) A disabled person is also one who has a physical, emotional or mental impairment that:
  - (a) is expected to be of long-continued or indefinite duration;
  - (b) substantially impedes the person's ability to live independently;
  - (c) is such that the person's ability to live independently could be improved by more suitable housing conditions.

I, Donald Kim, M.D., hereby certify that Clyde Champion (person signing the release below should be considered disabled in accordance with definition number 2 above.)

Name and Title Donald Kim, M.D.

Date 5/10/03

Signature DKim, MD

Phone 555-9876

### TENANT/APPLICANT RELEASE

I, Clyde Champion, hereby authorize the release of the requested information.

Signature Clyde Champion

Date 5/1/03

MEDICAL VERIFICATION

Date: May 1, 2003

RE: Clyde Champion

Dear Sir/Madam:

Since the rental rates on apartments can be reduced for some families with medical expenses, we are required by law to obtain certain information with regard to these medical expenses. To comply with this requirement, we ask your cooperation in supplying the information requested below regarding the referenced individual.

Your prompt return of this letter will be appreciated. If you have any questions, please call Claire Competent at Cubzide Housing Authority, 555-5555.

Sincerely, Claire Competent

Is this Individual's Condition likely to continue for the coming 12 months? ☒ yes ☐ no

Type of Service You Provide to Applicant (check all appropriate):

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Physician Care | <input type="checkbox"/> Dental Care   |
| <input type="checkbox"/> Hospital/Clinic Care      | <input type="checkbox"/> Prescriptions                                       |
| <input type="checkbox"/> Therapy                   | <input type="checkbox"/> Medical Insurance                                   |
| <input type="checkbox"/> Medical Transportation    | <input checked="" type="checkbox"/> Other (Please specify) <u>eyeglasses</u> |

Projected Cost of Services During Next 12 Months \$ 125

Does the applicant require a private bedroom for medical reasons? ☐ yes ☐ no

Does applicant need any special features in the unit because of a disability ☐ yes ☐ no

C. Ing Eye, O.D.  
Signature

5/6/03  
Date

C. Ing Eye, O.D.

Name and Title

3 I St., Cubzide, ST 55555

Address

TENANT/APPLICANT RELEASE

I, Clyde Champion, hereby authorize the release of the requested information.

Clyde Champion  
Signature

5/1/03  
Date

**MEDICAL VERIFICATION**

Date: May 1, 2003

RE: Clyde Champion

Dear Sir/Madam:

Since the rental rates on apartments can be reduced for some families with medical expenses, we are required by law to obtain certain information with regard to these medical expenses. To comply with this requirement, we ask your cooperation in supplying the information requested below regarding the referenced individual.

Your prompt return of this letter will be appreciated. If you have any questions, please call Claire Competent at Cubzide Housing Authority, 555-5555.

Sincerely, Claire Competent 5/1/03

Is this Individual's Condition likely to continue for the coming 12 months? ☒ yes ☐ no

Type of Service You Provide to Applicant (check all appropriate):

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Physician Care       | <input type="checkbox"/> Dental Care            |
| <input checked="" type="checkbox"/> Hospital/Clinic Care | <input type="checkbox"/> Prescriptions          |
| <input type="checkbox"/> Therapy                         | <input type="checkbox"/> Medical Insurance      |
| <input type="checkbox"/> Medical Transportation          | <input type="checkbox"/> Other (Please specify) |

Projected Cost of Services During Next 12 Months \$ 600

Does the applicant require a private bedroom for medical reasons? ☐ yes ☐ no

Does applicant need any special features in the unit because of a disability ☐ yes ☐ no

DKim, MD  
Signature

5/10/03  
Date

Donald Kim, M.D.

Name and Title

74 B Street, Cubzide, ST 55555

Address

**TENANT/APPLICANT RELEASE**

I, Clyde Champion, hereby authorize the release of the requested information.

Clyde Champion  
Signature

5/1/03  
Date

Cubzide Housing Authority

PRESCRIPTION VERIFICATION

TO WHOM IT MAY CONCERN: Federal Law requires Public Housing Authorities to verify medical expenses incurred by elderly residents so that such expenses may be taken into consideration when computing rents. You will note that the resident has signed a release, below, giving you permission to supply us with this information. If you could fill out the form below and return it at your earliest convenience in the self-addressed stamped envelope, it would be greatly appreciated.

Sincerely yours, Claire Competent, Cubzide Housing Authority

Claire Competent 5/1/03

I hereby certify that Cynthia Champion may anticipate the following costs for prescription medicines in the year beginning June 1, 2003, and ending May 31, 2004, based on his/her past medical history.

	Cost per Refill	Frequency of Refill	Paid by Insurance? Yes <input type="checkbox"/> No <input type="checkbox"/>
1. <u>Prinivil Tab 10mg</u>	<u>\$116</u>	<u>4x/yr.</u>	<u>No</u>
2. <u>Levobunolol HCl Sol. 0.5%</u>	<u>\$14</u>	<u>4x/yr.</u>	<u>No</u>
3. <u>Lumigan Sol. 0.03%</u>	<u>\$120</u>	<u>4x/yr.</u>	<u>No</u>
4. _____			
5. _____			
6. _____			

Signature and Title

Danny Druggist, Pharm.D.

Pharmacy

Pharmacy, 4 B. St., Cubzide

Date

5-5-03

Phone

555-1010

TENANT/APPLICANT RELEASE

I, Cynthia Champion, hereby authorize the release of the requested information.

Cynthia Champion

Signature

4/30/03

Date



## **Case Study 3: Champion**

---

# **RIM Guide Appendix C**

## **Tenant File Review Checklist Worksheets**





**Tenant File Review Checklist Worksheets**  
Rental Integrity Monitoring  
Public Housing / Sec. 8 Housing Choice Voucher

**B. Annual Income and Assets Worksheet**

**Assets Table:**

	Family Member	Type of Asset	Date of Verification	Net Cash Value of Asset	Anticipated Actual Asset Income	
1.a.				\$	\$	
b.				\$	\$	
c.				\$	\$	
d.				\$	\$	
e.				\$	\$	
f.				\$	\$	
g.				\$	\$	
h.				\$	\$	
2.	Totals:			\$	\$	
3.	Current Passbook Rate:			%		
4.	Imputed Asset Income (Total Net Cash Value > \$5000):			\$		
5.	Final Asset Income (larger of Total Anticipated Actual Asset Income or Imputed Asset Income):					\$

**Annual Income Table:**

	Family Member	Type of Income	Date of Verification	Income Rate	Annualized Income	Income Excluded	Income After Exclusions
1.a.				\$	\$	(\$ )	\$
b.				\$	\$	(\$ )	\$
c.				\$	\$	(\$ )	\$
d.				\$	\$	(\$ )	\$
e.				\$	\$	(\$ )	\$
f.				\$	\$	(\$ )	\$
g.				\$	\$	(\$ )	\$
h.				\$	\$	(\$ )	\$
i.				\$	\$	(\$ )	\$
j.				\$	\$	(\$ )	\$
k.				\$	\$	(\$ )	\$
2.	Total:						\$
3.	Final Asset Income (from Asset Table):						\$
4.	TOTAL ANNUAL INCOME:						\$

**Tenant File Review Checklist Worksheets**  
**Rental Integrity Monitoring**  
**Public Housing / Sec. 8 Housing Choice Voucher**

**C. Dwelling Unit / Utility Allowance Worksheet**

**Utility Allowance Table:**

Utility	Type	Scheduled UA	Utility	Scheduled UA
Heating		\$	Trash	\$
Cooking		\$	Air Conditioning	\$
Water Heating		\$	Range	\$
Other Electric		\$	Refrigerator	\$
Water		\$	Other:	\$
Sewer		\$	Other:	\$
<b>Total Utility Allowance</b> for dwelling unit (if none, enter \$0):				<b>\$</b>

**Utility Allowance Table Instructions:**

Instructions	
	<p>In the public housing program, where the tenant family is paying an <u>income-based rent</u> and is responsible for paying for or providing some or all of the unit's utilities, appliances or other housing services, the family must be given a utility allowance. Families paying a <u>flat rent</u> do not receive a utility allowance. Utilities for which the family is responsible should be reflected on the family's dwelling lease.</p> <p>In the Section 8 HCV program, any family who is responsible for paying for or providing some or all of the unit's utilities, appliances or other housing services, must be given a utility allowance.</p> <ul style="list-style-type: none"> <li>Generally, for a <b>recent admission</b> family, a <b>mover</b> family moving with continued assistance within the PHA's jurisdiction, or a <b>portability-in</b> family, the file should include a form HUD-52517, <u>Request for Tenancy Approval</u>, which fully outlines the utility combination for the unit and responsibility for utilities. However, the PHA may have determined that the owner's proposed rent was not rent reasonable and the owner subsequently changed the rent amount. One approach to changing the rent amount might have been a change in responsibility for certain utilities – e.g., the owner might have elected to assume responsibility for providing additional utilities under the lease. In this case, the utility combination on the HUD-52517 would need to be revised to reflect these changes in utility responsibilities.</li> <li>For a <b>reexamination</b> family, the utility combination might have changed significantly since the prior reexamination (or initial leasing). Both the dwelling lease and the HAP contract should specify the current combination of utilities and appliances, particularly if these have changed.</li> </ul> <p>Based on the file documentation, determine if the family is responsible for some or all utilities in the dwelling unit and complete the table by noting the appropriate Utility Allowance (UA) amount for each utility supplied by the family. Utility allowances should be based on the PHA's schedule or schedules for such allowances, taking into account the size and type of unit and the type of utility used. Note that, even between units of the same bedroom size in the same project, utility allowances may vary due to actual unit physical size, location within the project, types of utilities applicable to different units, etc.</p> <p>Total all of the scheduled UA amounts to arrive at the <b>Total Utility Allowance</b> amount for the unit. Enter this total in the space provided on this line. Cross check with HUD-50058, line 10e. or line 10r. for the public housing program. Cross check with HUD-50058, line 12m.. for the Section 8 HCV program.</p>

**Tenant File Review Checklist Worksheets**  
Rental Integrity Monitoring  
Public Housing / Sec. 8 Housing Choice Voucher

**D. Adjusted Income Worksheet**

**Dependent Deduction:**

1.a. Total number of dependents in Family:

b. **Dependent Deduction** (Total number of dependents X \$480): \$

**Elderly / Disabled Family Deduction:**

Yes No Unclear

2.a. Family qualifies as "Elderly" or "Disabled" family?

b. If "Yes", enter \$400 **Elderly / Disabled Family Deduction**. If "No", enter \$0: \$

**Medical Expenses**

	Family Member	Medical Expense Description	Date of Verification	Annual Expense Amount
3.a.				\$
b.				\$
c.				\$
d.				\$
e.				\$
f.				\$
4.	<b>Total Annual Medical Expense:</b>			

**Disability Assistance Expenses**

	Family Member	Disability Assistance Expense Description	Date of Verification	Annual Expense Amount
5.a.				\$
b.				\$
c.				\$
d.				\$
e.				\$
6.	<b>Total Annual Disability Assistance Expenses:</b>			

**Medical / Disability Assistance Expenses Deduction:**

Yes No Unclear

7. Three (3) percent of Annual Income (Annual Income Table **Line 4.** x **0.03**): \$

8.a. Family includes both "disabled" family member(s) and employed family member(s)?

b. Family incurs disability assistance expenses to enable family member(s) to be employed?

c. Amount of disability assistance expenses that are unreimbursed & reasonable: \$

9. **Line 8.c.** minus **Line 7.**: \$

- If result is a negative number and **Line 2.a.** is "Yes", copy amount from **Line 8.c.**
- If result is a negative number and **Line 2.a.** is "No", enter \$0

10. Amount of employment income made possible by disability assistance expenses: \$

11. The lower amount of **Line 9.** or **Line 10.**: \$

- If **Line 8.c.** is less than **Line 7.** and **Line 2.a.** is "Yes", copy amount from **Line 9.**

**Tenant File Review Checklist Worksheets**  
Rental Integrity Monitoring  
Public Housing / Sec. 8 Housing Choice Voucher

**D. Adjusted Income Worksheet**

12. If **Line 2.a.** is "Yes", amount of unreimbursed medical expenses for entire family: \$
13. Sum of **Line 11.** and **Line 12.**: \$
14. **Medical / Disability Assistance Expenses Deduction:** \$
- If **Line 8.c.** = \$0, subtract **Line 7.** from **Line 13.** If negative result, enter \$0
  - If **Line 8.c.** is less than **Line 7.**, subtract **Line 7.** from **Line 13.** If negative result, enter \$0
  - If **Line 8.c.** is greater than or equal to **Line 7.**, enter amount from **Line 13.**

**Child Care Expenses**

	Family Member	Child Care Expense Description	Date of Verification	Annual Expense Amount
15.a.				\$ <input type="text"/>
b.				\$ <input type="text"/>
c.				\$ <input type="text"/>
d.				\$ <input type="text"/>
e.				\$ <input type="text"/>
16.	<b>Total Annual Child Care Expenses:</b>			\$ <input type="text"/>

**Child Care Expenses Deduction:**

		Yes	No	Unclear
17.a.	Family includes member(s) under age 13?	<input type="text"/>	<input type="text"/>	<input type="text"/>
b.	Amount of unreimbursed, reasonable child care costs incurred by family:	\$ <input type="text"/>		
18.a.	Family has any member(s) employed?	<input type="text"/>	<input type="text"/>	<input type="text"/>
b.	Child care costs enable member(s) to be employed?	<input type="text"/>	<input type="text"/>	<input type="text"/>
c.	Amount of employment income enabled by child care costs:	\$ <input type="text"/>		
d.	Amount on <b>Line 17.b.</b> , not to exceed amount on <b>Line 18.c.</b>	\$ <input type="text"/>		
19.a.	Family has any member(s) furthering education?	<input type="text"/>	<input type="text"/>	<input type="text"/>
b.	Child care costs enable member(s) to further education?	<input type="text"/>	<input type="text"/>	<input type="text"/>
20.	<b>Child Care Expenses Deduction:</b>	\$ <input type="text"/>		

- Where both **Line 18.a.** and **Line 18.b.** are "Yes", enter amount from **Line 18.d.**
- Where **Line 18.a.** is "No", but **Lines 19.a.** and **19.b.** are "Yes", enter amount from **Line 17.b.**

**P.H. Permissive Deductions**

	Family Member	Type of Deduction	Date of Verification	Annual Amount
21.a.				\$ <input type="text"/>
b.				\$ <input type="text"/>
c.				\$ <input type="text"/>
22.	<b>PH: Total Permissive Deductions:</b>			\$ <input type="text"/>

**Tenant File Review Checklist Worksheets**  
**Rental Integrity Monitoring**  
**Public Housing / Sec. 8 Housing Choice Voucher**

**D. Adjusted Income Worksheet**

23.	Total Annual Income:	\$
24.	Total All Deductions:	\$
25.	TOTAL ADJUSTED INCOME = Line 23. minus Line 24.: \$	

**D. Adjusted Income Worksheet**

**Adjusted Income Instructions:**

Line	Instructions
1.a.	Indicate the total number of dependents in the household. Dependents include any family members who are under age 18, have a disability, or are full-time students of any age. Dependents who are temporarily absent from the home, but listed on the lease, should be included. Dependents do not include household members who are head of household, spouse of head, foster children, foster adults, live-in aides, the children of live-in aides, or any other members of the household who are not considered family members. Refer to the Tenant File Review Checklist table under section <b>A. Family Composition</b> , to identify family member dependents.
1.b.	Calculate the total <b>Dependent Deduction</b> for the family. The standard dependent deduction is \$480 per dependent. Cross check with HUD-50058, line 8r., to ensure that PHA has used the standard deduction amount in its calculation.  Multiply <b>Line 1.a.</b> times \$480. Cross check total dependent deduction amount, as reflected in tenant file, with HUD-50058, line 8s
2.a.	Confirm whether the family qualifies as an "elderly" or "disabled" family. For the family to qualify for this deduction, the head of the family, the spouse of the head, or the sole member of the family must be a person age 62 or over, <u>or</u> be a disabled person.  Refer to the Tenant File Review Checklist table under section <b>A. Family Composition</b> , where age and disability status of family head and spouse were established.
2.b.	If the answer on <b>Line 2.a.</b> is "Yes", calculate the <b>Elderly/Disabled Family Deduction</b> for the family. The standard "elderly/disabled" family deduction is \$400 per family. Note that this deduction is <u>per family</u> , not per individual. Cross check with HUD-50058, line 8p., to ensure that PHA has used the standard deduction amount in its calculation.

**Tenant File Review Checklist Worksheets**  
**Rental Integrity Monitoring**  
**Public Housing / Sec. 8 Housing Choice Voucher**

**F. Section 8 HCV Rent and HAP Worksheet**

**Total Tenant Payment (TTP)**

1.a.	Monthly Income (Annual Income ÷ 12):	\$
b.	10% of Monthly Income (Line 1.a. X 0.10):	\$
c.	Monthly Adjusted Income (Adjusted Income ÷ 12):	\$
d.	30% of Monthly Adjusted Income (Line 1.c. X 0.30):	\$
e.	Welfare Rent (if applicable):	\$
f.	Minimum Rent:	\$
g.	"Enhanced Voucher" Minimum Rent (if applicable):	
2.	<b>TOTAL TENANT PAYMENT (TTP)</b>	\$

• Highest of Line 1.b., 1.d., 1.e., 1.f. or 1.g.

**Payment Standard**

**Recent Admission / Mover / Portability-In / Enhanced Voucher Family:**

3.	Payment Standard :	\$
----	--------------------	----

**Reexamination Family:**

		Yes	No	Unclear
4.	Current Payment Std. based on:			
	a. actual unit size:	\$		
	b. subsidy std.:	\$		
5.	Prior Payment Std. based on:			
	a. actual unit size:	\$		
	b. subsidy std.:	\$		
6.a.	Based on actual unit size—current Pay. Std. increased or remained the same over prior Pay. Std.?			
b.	If "Yes", record Current reexam Payment Std., based on actual unit size, from Line 4.a.	\$		
c.	If "No", record Prior reexam Payment Std., based on actual unit size, from Line 5.a.	\$		
7.a.	Based on subsidy std.—current Pay. Std. increased or remained the same over prior Pay. Std.?			
b.	If "Yes", record Current reexam Payment Std., based on subsidy std., from Line 4.b.	\$		
c.	If "No", record Prior reexam Payment Std., based on subsidy std., from Line 5.b.	\$		
8.	Payment Standard :	\$		

**Gross Rent and Total HAP**

9.	Rent to Owner:	\$
10.	Utility Allowance:	\$
11.	<b>Gross Rent (Line 9. + Line 10.):</b>	\$
12.a.	Payment Standard (Line 3. or Line 8.) minus TTP (Line 2.):	\$
b.	Gross Rent (Line 11.) minus TTP (Line 2.):	\$
c.	<b>Total Housing Assistance Payment (HAP) = Lowest of Line 12.a. or Line 12.b. :</b>	\$

**Tenant File Review Checklist Worksheets**  
**Rental Integrity Monitoring**  
**Public Housing / Sec. 8 Housing Choice Voucher**

**F. Section 8 HCV Rent and HAP Worksheet**

**Family Rent to Owner and HAP to Owner (Non-prorated)**

**Recent Admission / Mover / Portability-In Family:**

13.a.	40% of Monthly Adjusted Income ( Line 1.c. x 0.40):	\$
b.	Total Family Share of Rent = (Line 11. minus Line 12.c.) <= Line 13.a.	\$

**Reexamination / Enhanced Voucher Family:**

14.	Total Family Share of Rent = Line 11. minus Line 12.c. :	\$
-----	--	----

15.	HAP to Owner (Lowest of Line 9. or Line 12.c.):	\$
16.	Family Rent to Owner (Line 9. minus Line 15.):	\$
17.	Utility Reimbursement = Line 12.c. minus Line 15., not to exceed Line 10. :	\$

**Family Rent to Owner and HAP to Owner (Prorated)**

18.	Total Non-prorated HAP (Line 12.c.):	\$
19.a.	Total Number of family members:	
b.	Number of family members eligible for prorated rent subsidy	
20.	Total Prorated HAP = (Line 19.b. ÷ Line 19.a.) X Line 18. :	\$
21.	Prorated Family Share of Rent (Line 11. minus Line 20.):	\$
22.	Prorated Family Rent to Owner (Line 21. minus Line 10.):	\$
23.	Prorated HAP to Owner:	\$

- Line 9. minus Line 22., if Line 22. is positive
- Line 9., if Line 22. is negative





## **Case Study 3: Champion**

---

# **RIM Guide Appendix A**

## **Tenant File Review Checklist**



# Appendix A

## Tenant File Review Checklist

Rental Integrity Monitoring

Public Housing / Sec. 8 Housing Choice Voucher

PHA Name:

PHA No.:

HUD Reviewer:

Date of Review:

Last Name of Family Head:

SSN of Family Head:

### A. Family Composition

	Last Name	First Name	Relation	Date of Birth	Sex	SSN	9886? ✓	Dis? ✓	C/EI? ✓
1.a.			Head						
b.									
c.									
d.									
e.									
f.									
g.									
h.									
i.									

#### Recent Admission Family only:

2.a.	Date of Admission:			
b.	Application materials complete and capture all information for eligibility, income and rent?	Yes	No	Unclear
c.	Family executed form HUD-9886: <u>Authorization for Release of Information / Privacy Act Notice</u> ?			
d.	Family composition and characteristics identified? Verified & documented?			
e.	SSNs disclosed, or certification if no SSN assigned? Verified & documented?			
f.	Evidence of citizenship or eligible immigration status for all members? Verified & documented?			

#### Reexamination Family only:

3.a.	Current Reexam Effective Date:		Prior Reexam/Admission Effective Date:	
b.	Reexam Type:	Annual Income & Composition	Interim / Special / Other	
		3-Year Income & Composition (PH only)	Annual Composition (PH only)	
c.	<b>All Sec. 8 HCV only:</b> PHA conducts <u>annual</u> reexam of income & composition?	Yes	No	Unclear
d.	<b>All PH only:</b> PHA conducts <u>annual</u> reexam of composition?			
e.	<b>PH income-based rent only:</b> PHA conducts <u>annual</u> reexam of income?			
f.	<b>PH flat rent only:</b> PHA conducts at least <u>3-year</u> reexam of income?			
g.	Reexamination materials complete and capture all information for eligibility, income and rent?			
h.	Family composition & characteristics identified, including new members? Verified & documented?			
i.	Family executed form HUD-9886: <u>Authorization for Release of Information / Privacy Act Notice</u> ?			
j.	SSNs disclosed, or certification if no SSN assigned? Verified & documented?			
k.	Evidence of citizenship / eligible immigration status for all members? Verified & documented?			

Shaded cells represent information which may be cross-referenced with HUD-50058

## B. Annual Income and Assets

\* For detailed calculations, refer to **B. Annual Income and Assets Worksheet** in Appendix C

1.	<b>Final Asset Income</b> (ref. HUD-50058, line 6j.):	PHA: * \$	HUD: * \$			
				Yes	No	Unclear
2.	PHA identifying assets for all family members? Verified & documented?					
3.	PHA accurately calculating net cash value of assets?					
4.	PHA accurately calculating anticipated actual income from assets?					
5.	Assets > \$5000: PHA accurately calculating imputed asset income, using correct passbook rate?					
6.	PHA accurately calculating final asset income, using larger of anticipated actual vs. imputed?					
7.	<b>TOTAL ANNUAL INCOME</b> (ref. HUD-50058, line 7i.):	PHA: * \$	HUD: * \$			
				Yes	No	Unclear
8.	Wages and earned income accurately calculated, verified & documented?					
9.	Earned income exclusion/disallowance accurately calculated?					
10.	PH: Where PHA uses Individual Savings Account (ISA), PHA deposits appropriate amount?					
				Yes	No	Unclear
11.	Welfare benefit income accurately calculated, verified & documented?					
12.	Where family member subject to "Specified Welfare Benefit Reduction", PHA uses <u>imputed</u> welfare income?					
13.	Family requested review of <u>imputed</u> welfare income calculation? If denied, PHA provided written notice?					
				Yes	No	Unclear
14.	SS/SSI/pension income accurately calculated, verified & documented?					
				Yes	No	Unclear
15.	"Other" income accurately calculated, verified & documented?					
				Yes	No	Unclear
16.	Total Annual Income accurately calculated, verified & documented?					
				Yes	No	Unclear

## C. Dwelling Unit / Utility Allowance

\*\* For detailed calculations, refer to **C. Utility Allowance Worksheet** in Appendix C

1.a.	<b>Unit Address:</b>		b.	<b>No. of Bedrooms:</b>		
2.a.	<b>PH only – Project Name:</b>		b.	<b>PH only – Project No.</b>		
3.a.	Tenant family responsible for some or all utilities in unit?			Yes	No	Unclear
b.	<b>Total Utility Allowance</b> (ref. HUD-50058, line 10e., 10r., 12m.):	PHA: ** \$	HUD: ** \$			
c.	Correct Utility Allowance used, computed accurately?					

Shaded cells represent information which may be cross-referenced with HUD-50058

## D. Adjusted Income

\* For detailed calculations, refer to **D. Adjusted Income Worksheet** in Appendix C

		Yes	No	Unclear
1.a	<b>Dependent Deduction</b> (ref. HUD-50058, line 8r. and 8s.):	PHA: * \$	HUD: * \$	
b.	Dependent Deduction accurately calculated; verified & documented by PHA?			
2.a	<b>Elderly / Disabled Family Deduction</b> (ref. HUD-50058, line 8p.):	PHA: * \$	HUD: * \$	
b.	Elderly/Disabled Family Deduction accurately calculated; verified & documented by PHA?			
3.a.	<b>Medical/Disability Assistance Expenses Deduction:</b> (ref. HUD-50058, line 8n.)	PHA: * \$	HUD: * \$	
b.	Medical/Disability Assistance Exp. Deduction accurately calculated; verified & documented by PHA?			
4.a.	<b>Child Care Expenses Deduction</b> (ref. HUD-50058, line 8t.):	PHA: * \$	HUD: * \$	
b.	Child Care Expenses Deduction accurately calculated; verified & documented by PHA?			
5.a.	<b>Public Housing only: Permissive Deductions:</b> (ref. HUD-50058, line 8e.):	PHA: * \$	HUD: * \$	
b.	Permissive deduction accurately calculated; verified & documented by PHA?			
6.a.	<b>Total All Deductions</b> (ref. HUD-50058, line 8x.):	PHA: * \$	HUD: * \$	
b.	Total All Deductions accurately calculated; verified & documented by PHA?			
7.a.	<b>TOTAL ADJUSTED INCOME</b> (ref. HUD-50058, line 8y.):	PHA: * \$	HUD: * \$	
b.	Total Adjusted Income accurately calculated; verified & documented by PHA?			

Shaded cells represent information which may be cross-referenced with HUD-50058

**Complete Section F. for a Section 8 Housing Choice Voucher family only.**

**F. Family Rent and HAP – Section 8 HCV only**

\* For detailed calculations, refer to **F. Section 8 HCV Rent and HAP Worksheet** in Appendix C

**Total Tenant Payment (TTP)**

1.	TTP (ref. HUD-50058, line 9j. or 12r.):	PHA: * \$	HUD: * \$			
				Yes	No	Unclear
2.	TTP accurately calculated?					
3.a.	Family qualified for Minimum Rent financial hardship exemption? Verified & documented?					
b.	Minimum Rent TTP suspended for long-term hardship and reinstated for temporary hardship?					

**Payment Standard**

4.a	Payment Standard (ref. HUD-50058, line 12j.):	PHA: * \$	HUD: * \$			
				Yes	No	Unclear
b.	Correct Payment Standard used?					

**Gross Rent and Total HAP**

5.	Gross Rent (ref. HUD-50058, line 12p.):	PHA: * \$	HUD: * \$			
6.	Total HAP (ref. HUD-50058, line 12s.):	PHA: * \$	HUD: * \$			
				Yes	No	Unclear
7.	Total HAP accurately calculated?					

**Reexamination Family only:**

8.a.	Reexamination has resulted in HAP of zero (\$0) dollars?			
b.	If "Yes", HAP contract remained in effect up to 6 months after reexam effective date?			

**Family Rent to Owner and HAP to Owner (Non-prorated, Non-mixed Family only)**

9.	Total Family Share of Rent (ref. HUD-50058, line 12t.):	PHA: * \$	HUD: * \$			
10.	HAP to Owner (ref. HUD-50058, line 12u.):	PHA: * \$	HUD: * \$			
11.	Family Rent to Owner (ref. HUD-50058, line 12v.):	PHA: * \$	HUD: * \$			
12.	Utility Reimbursement (ref. HUD-50058, line 12w.):	PHA: * \$	HUD: * \$			
				Yes	No	Unclear
13.	Family Rent to Owner and HAP (Non-prorated) accurately calculated by PHA?					
14.	HAP agrees with HAP register?					

**Family Rent to Owner and HAP to Owner (Prorated, Mixed Family only)**

15.	Prorated Family Rent to Owner (ref. HUD-50058, line 12ai.):	PHA: * \$	HUD: * \$			
16.	Prorated HAP to Owner (ref. HUD-50058, line 12aj.):	PHA: * \$	HUD: * \$			
				Yes	No	Unclear
17.	Family Rent to Owner and HAP (Prorated) accurately calculated by PHA?					
18.	HAP agrees with HAP register?					

Shaded cells represent information which may be cross-referenced with HUD-50058

## **Case Study 3: Champion**

# **Champion PHA 50058 in File**





# Champion PHA 50058

Head of household name	<b>Champion</b>	Social Security Number	<b>456789012</b>	Date modified (mm/dd/yyyy)	<b>07/01/2003</b>
------------------------	-----------------	------------------------	------------------	----------------------------	-------------------

## 6. Assets

6a. Family member name	No.	6b. Type of asset	6c. Calculation (PHA use)	6d. Cash value of asset	6e. Anticipated Income
<b>Charles</b>	<b>1</b>	<b>Checking</b>		\$ <b>592</b>	\$
<b>Charles</b>	<b>1</b>	<b>Savings</b>		\$ <b>4989</b>	\$ <b>125</b>
<b>Charles</b>	<b>1</b>	<b>Vac. lot</b>	<b>7990 – 300</b>	\$ <b>7699</b>	\$
<b>Charles</b>	<b>1</b>	<b>Lot sold</b>		\$	\$ <b>2500</b>
<b>Clyde</b>	<b>3</b>	<b>Checking</b>		\$ <b>198</b>	\$
<b>Clyde</b>	<b>3</b>	<b>Savings</b>		\$ <b>200</b>	\$ <b>5</b>
				\$	\$
				\$	\$
6f, 6g. Column totals				\$ <b>13,678</b> 6f.	\$ <b>2630</b> 6g.
6h. Passbook rate (written as decimal)					0. <b>02</b> 6h.
6i. Imputed asset income: 6f X 6h (if 6f is \$5,000 or less, put 0)				\$ <b>274</b> 6i.	
6j. Final asset income: larger of 6g or 6i				\$ <b>2630</b> 6j.	

## 7. Income

7a. Family member name	No.	7b. Income Code	7c. Calculation (PHA use)	7d. Dollars per year	7e. Income exclusions	7f. Income after exclusions (7d minus 7e)
<b>Charles</b>	<b>1</b>	<b>P</b>	<b>125x12</b>	\$ <b>1500</b>	\$	\$ <b>1500</b>
<b>Charles</b>	<b>1</b>	<b>SS</b>	<b>400x12</b>	\$ <b>4800</b>	\$	\$ <b>4800</b>
<b>Cynthia</b>	<b>2</b>	<b>P</b>	<b>125x12</b>	\$ <b>1500</b>	\$	\$ <b>1500</b>
<b>Cynthia</b>	<b>2</b>	<b>SS</b>	<b>150x12</b>	\$ <b>1800</b>	\$	\$ <b>1800</b>
<b>Clyde</b>	<b>3</b>	<b>W</b>	<b>49x26</b>	\$ <b>1274</b>	\$	\$ <b>1274</b>
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
7g. Column total						\$ <b>10,874</b> 7g.
7h. Reserved						
7i. Total annual income: 6j + 7g						\$ <b>13,504</b> 7i.

### 7b: Income Codes

<b>Wages:</b> B = own business F = federal wage HA = PHA wage M = military pay W = other wage	<b>Welfare:</b> G = general assistance IW = annual imputed welfare income T = TANF assistance	<b>SS/SSI/Pensions:</b> P = pension S = SSI SS = Social Security	<b>Other Income Sources:</b> C = child support E = medical reimbursement I = Indian trust/per capita N = other nonwage sources U = unemployment benefits
--	--	---	---

# Champion PHA 50058

Head of household name	<b>Champion</b>	Social Security Number	<b>456789012</b>	Date modified (mm/dd/yyyy)	<b>07/01/2003</b>
------------------------	-----------------	------------------------	------------------	----------------------------	-------------------

## 8. Expected Income Per Year

8a. Total annual income: copy from 7i	\$ <b>13504</b> 8a.
---------------------------------------	---------------------

### Permissible Deductions (Public Housing Only. If Section 8, Skip to 8f or 8q)

8b. Family member name	No.	8c. Type of permissible deduction	8d. Amount
			\$
			\$
			\$
8e. Total permissible deductions			\$ 8e.

### If head/spouse/co-head is under 62 and no family member disabled, skip to 8q

8f. Medical/disability threshold: 8a X 0.03	\$ <b>405</b> 8f.
8g. Total annual unreimbursed disability assistance expense (if no disability expenses, skip to 8k)	\$ 8g.
8h. Maximum disability allowance: If 8g minus 8f is positive or zero, put amount	\$ 8h.
	If negative and head/spouse/co-head is under 62 and not disabled, put 0 \$ 8h.
	If negative and head/spouse/co-head is elderly or disabled, copy from 8g \$ 8h.
8i. Earnings in 7d made possible by disability assistance expense	\$ 8i.
8j. Allowable disability assistance expense: lower of 8h or 8i (if 8g is less than 8f and head/spouse/co-head elderly or disabled, copy from 8h)	\$ 8j.
8k. Total annual unreimbursed medical expenses (if head/spouse/co-head under 62 and not disabled, put 0)	\$ <b>3725</b> 8k.
8m. Total annual disability assistance and medical expense: 8j + 8k (if no disability expenses, copy from 8k)	\$ <b>3725</b> 8m.
8n. Medical/disability assistance allowance:	
	If no disability assistance expenses or if 8g is less than 8f, put 8m minus 8f (if 8m minus 8f is negative, put zero) \$ 8n.
	If disability assistance expenses and 8g is greater than or equal to 8f, copy from 8m \$ <b>3725</b> 8n.
8p. Elderly/disability allowance (default = \$400)	\$ <b>400</b> 8p.
8q. Number of dependents (people under 18, or with disability, or full-time student. Do not count head of household, spouse, co-head, foster child/adult, or live-in aide).	8q.
8r. Allowance per dependent (default = \$480)	\$ 8r.
8s. Dependent allowance: 8q X 8r	\$ 8s.
8t. Total annual unreimbursed childcare costs	\$ 8t.
8u. Total annual travel cost to work/school (Indian Housing only)	\$ 8u.
8v. Reserved	
8w. Reserved	
8x. Total allowances: 8e + 8n + 8p + 8s + 8t + 8u	\$ <b>4125</b> 8x.
8y. Adjusted annual income: 8a minus 8x (if 8x is larger, put 0)	\$ <b>9379</b> 8y.

# Champion PHA 50058

Head of household name	<b>Champion</b>	Social Security Number	<b>456789012</b>	Date modified (mm/dd/yyyy)	<b>07/01/2003</b>
------------------------	-----------------	------------------------	------------------	----------------------------	-------------------

## 9. Total Tenant Payment (TTP)

9a. Total monthly income: $8a \div 12$	\$	<b>1125</b>	9a.
9b. Reserved			
9c. TTP if based on annual income: $9a \times 0.10$	\$	<b>113</b>	9c.
9d. Adjusted monthly income: $8y \div 12$	\$	<b>782</b>	9d.
9e. Percentage of adjusted monthly income: use 30% for Section 8		<b>30</b>	9e.
9f. TTP if based on adjusted annual income: $(9d \times 9e) \div 100$	\$	<b>235</b>	9f.
9g. Welfare rent per month (if none, put 0)	\$	<b>0</b>	9g.
9h. Minimum rent (if waived, put 0)	\$	<b>25</b>	9h.
9i. Enhanced Voucher minimum rent	\$		9i.
9j. TTP, highest of lines 9c, 9f, 9g, 9h, or 9i	\$	<b>235</b>	9j.
9k. Most recent TTP	\$	<b>200</b>	9k.
9m. Qualify for minimum rent hardship exemption? (Y or N)		<b>N</b>	9m.

# Champion PHA 50058

Head of household name	<b>Champion</b>	Social Security Number	<b>456789012</b>	Date modified (mm/dd/yyyy)	<b>07/01/2003</b>
------------------------	-----------------	------------------------	------------------	----------------------------	-------------------

## 12. Section 8 Vouchers

12a. Number of bedrooms on Voucher		<b>2</b>	12a.
12b. Is family now moving to this unit? (Y or N)		<b>N</b>	12b.
12c. Does the family qualify as a Hard to House family? (Y or N)		<b>N</b>	12c.
12d. Did family move into your PHA jurisdiction under portability? (Y or N) (if no, skip to 12g)		<b>N</b>	12d.
12e. Cost billed per month (put 0 if absorbed)		\$	12e.
12f. PHA code billed			12f.
12g. Housing type:	<input type="checkbox"/> Group home (prorate gross rent) <input type="checkbox"/> Own manufactured home, lease space <input type="checkbox"/> SRO: 1 room occupied by 1 person		
12h. Owner name		<b>D. Ames</b>	12h.
12i. Owner TIN/SSN		<b>765432100</b>	12i.
12j. Payment standard for the family	\$	<b>1031</b>	12j.
12k. Rent to owner	\$	<b>900</b>	12k.
12m. Utility allowance, if any	\$	<b>56</b>	12m.
12n. Reserved			
12p. Gross rent of unit: 12k + 12m (or Space Rent)	\$	<b>956</b>	12p.
12q. Lower of 12j or 12p (if Premerger Voucher contract, see Instruction Booklet)	\$	<b>956</b>	12q.
12r. TTP: copy from 9j	\$	<b>235</b>	12r.
12s. Total HAP: 12q minus 12r	\$	<b>721</b>	12s.
<b>Rent Calculation (if prorated rent, skip to 12ab)</b>			
12t. Total family share: 12p minus 12s	\$	<b>235</b>	12t.
12u. HAP to owner: lower of 12k or 12s	\$	<b>721</b>	12u.
12v. Tenant rent to owner: 12k minus 12u		\$	<b>179</b> 12v.
12w. Utility reimbursement to family: 12s minus 12u, but do not exceed 12m		\$	12w.
<b>Prorated Rent Calculation</b>			
12aa. Reserved			
12ab. Normal total HAP: copy from 12s, but do not exceed 12p		\$	12ab.
12ac. Total number eligible			12ac.
12ad. Total number in family			12ad.
12ae. Proration percentage: 12ac ÷ 12ad			12ae.
12af. Prorated total HAP: 12ab X 12ae			12af.
12ag. Mixed family total family contribution: 12p minus 12af	\$		12ag.
12ah. Utility allowance: copy from 12m	\$		12ah.
12ai. Mixed family tenant rent to owner: 12ag minus 12ah	If positive or 0, put tenant rent If negative, credit tenant		\$ 12ai.
	or CR	\$	12ai.
12aj. Prorated HAP to owner: 12k minus 12ai. If 12ai is negative, put 12k		\$	12aj.
12ak. Reserved			

## **Case Study 3: Champion**

# **Correct 50058 and RIM Guide Worksheets (Handout of Answers)**



**Tenant File Review Checklist Worksheets**  
Rental Integrity Monitoring  
Public Housing / Sec. 8 Housing Choice Voucher

**B. Annual Income and Assets Worksheet**

**Assets Table:**

	Family Member	Type of Asset	Date of Verification	Net Cash Value of Asset	Anticipated Actual Asset Income
1.a.	Charles	Checking	5-4-03	\$ 592	\$
b.	Charles	Savings	5-4-03	\$ 4989	\$ 125
c.	Charles	Vacant lot	5-4-03	\$ 7699	\$
d.	Charles	Lot sold <FM value	1-20-03	\$ 4750	\$
e.	Clyde	Checking	5-4-03	\$ 198	\$
f.	Clyde	Savings	5-4-03	\$ 200	\$ 5
g.				\$	\$
h.				\$	\$
2.	Totals:			\$ 18428	\$ 130
3.	Current Passbook Rate:			2	%
4.	Imputed Asset Income (Total Net Cash Value > \$5000):			\$ 369	
5.	Final Asset Income (larger of Total Anticipated Actual Asset Income or Imputed Asset Income):				
	\$ 369				

**Annual Income Table:**

	Family Member	Type of Income	Date of Verification	Income Rate	Annualized Income	Income Excluded	Income After Exclusions
1.a.	Charles	Pension	5-8-03	\$ 125	\$ 1500	(\$ )	\$ 1500
b.	Charles	Social Sec.	5-10-03	\$ 375	\$ 4500	(\$ )	\$ 4500
c.	Cynthia	Pension	5-13-03	\$ 125	\$ 1500	(\$ )	\$ 1500
d.	Cynthia	Soc. Sec.	5-10-03	\$ 150	\$ 1800	(\$ )	\$ 1800
e.	Clyde	Ink, Inc.	5-10-03	\$ 49	\$ 2548	(\$ )	\$ 2548
f.				\$	\$	(\$ )	\$
g.				\$	\$	(\$ )	\$
h.				\$	\$	(\$ )	\$
i.				\$	\$	(\$ )	\$
j.				\$	\$	(\$ )	\$
k.				\$	\$	(\$ )	\$
2.	Total:						\$ 11,848
3.	Final Asset Income (from Asset Table):						\$ 369
4.	TOTAL ANNUAL INCOME:						\$ 12,217

**Tenant File Review Checklist Worksheets**  
Rental Integrity Monitoring  
Public Housing / Sec. 8 Housing Choice Voucher

**C. Dwelling Unit / Utility Allowance Worksheet**

**Utility Allowance Table:**

Utility	Type	Scheduled UA	Utility	Scheduled UA
Heating	<b>Electric</b>	\$ <b>50</b>	Trash	\$
Cooking	<b>Electric</b>	\$ <b>6</b>	Air Conditioning	\$
Water Heating		\$	Range	\$
Other Electric		\$	Refrigerator	\$ <b>12</b>
Water		\$	Other:	\$
Sewer		\$	Other:	\$
<b>Total Utility Allowance</b> for dwelling unit (if none, enter \$0):				<b>\$ 68</b>

**Utility Allowance Table Instructions:**

Instructions	
<p>In the public housing program, where the tenant family is paying an <u>income-based rent</u> and is responsible for paying for or providing some or all of the unit's utilities, appliances or other housing services, the family must be given a utility allowance. Families paying a <u>flat rent</u> do not receive a utility allowance. Utilities for which the family is responsible should be reflected on the family's dwelling lease.</p> <p>In the Section 8 HCV program, any family who is responsible for paying for or providing some or all of the unit's utilities, appliances or other housing services, must be given a utility allowance.</p> <ul style="list-style-type: none"> <li>• Generally, for a <b>recent admission</b> family, a <b>mover</b> family moving with continued assistance within the PHA's jurisdiction, or a <b>portability-in</b> family, the file should include a form HUD-52517, <u>Request for Tenancy Approval</u>, which fully outlines the utility combination for the unit and responsibility for utilities. However, the PHA may have determined that the owner's proposed rent was not rent reasonable and the owner subsequently changed the rent amount. One approach to changing the rent amount might have been a change in responsibility for certain utilities – e.g., the owner might have elected to assume responsibility for providing additional utilities under the lease. In this case, the utility combination on the HUD-52517 would need to be revised to reflect these changes in utility responsibilities.</li> <li>• For a <b>reexamination</b> family, the utility combination might have changed significantly since the prior reexamination (or initial leasing). Both the dwelling lease and the HAP contract should specify the current combination of utilities and appliances, particularly if these have changed.</li> </ul> <p>Based on the file documentation, determine if the family is responsible for some or all utilities in the dwelling unit and complete the table by noting the appropriate Utility Allowance (UA) amount for each utility supplied by the family. Utility allowances should be based on the PHA's schedule or schedules for such allowances, taking into account the size and type of unit and the type of utility used. Note that, even between units of the same bedroom size in the same project, utility allowances may vary due to actual unit physical size, location within the project, types of utilities applicable to different units, etc.</p> <p>Total all of the scheduled UA amounts to arrive at the <b>Total Utility Allowance</b> amount for the unit. Enter this total in the space provided on this line. Cross check with HUD-50058, line 10e. or line 10r. for the public housing program. Cross check with HUD-50058, line 12m.. for the Section 8 HCV program.</p>	



**Tenant File Review Checklist Worksheets**  
Rental Integrity Monitoring  
Public Housing / Sec. 8 Housing Choice Voucher

**D. Adjusted Income Worksheet**

**Dependent Deduction:**

1.a. Total number of dependents in Family: **1**

b. **Dependent Deduction** (Total number of dependents X \$480): **\$ 480**

**Elderly / Disabled Family Deduction:**

	Yes	No	Unclear
2.a. Family qualifies as "Elderly" or "Disabled" family?	<b>X</b>		
b. If "Yes", enter \$400 <b>Elderly / Disabled Family Deduction</b> . If "No", enter \$0:	<b>\$ 400</b>		

**Medical Expenses**

	Family Member	Medical Expense Description	Date of Verification	Annual Expense Amount
3.a.	Clyde	Eye glasses	5-6-03	\$ 125
b.	Clyde	Doctor visits	5-10-03	\$ 600
c.	Cynthia	Prescriptions	5-5-03	\$ 600
d.	Cynthia	Medicare Premium	5-10-03	\$ 600
e.	Charles	Medicare Premium	5-10-03	\$ 600
f.				\$
4.	<b>Total Annual Medical Expense:</b> <b>\$ 2525</b>			

**Disability Assistance Expenses**

	Family Member	Disability Assistance Expense Description	Date of Verification	Annual Expense Amount
5.a.	Clyde	Wheelchair to go to work	5-9-03	\$ 1200
b.				\$
c.				\$
d.				\$
e.				\$
6.	<b>Total Annual Disability Assistance Expenses:</b> <b>\$ 1200</b>			

**Medical / Disability Assistance Expenses Deduction:**

	Yes	No	Unclear
7. Three (3) percent of Annual Income (Annual Income Table Line 4. x 0.03):			
8.a. Family includes both "disabled" family member(s) and employed family member(s)?	<b>X</b>		
b. Family incurs disability assistance expenses to enable family member(s) to be employed?	<b>X</b>		
c. Amount of disability assistance expenses that are unreimbursed & reasonable:	<b>\$ 1200</b>		
9. <b>Line 8.c. minus Line 7.:</b>	<b>\$ 833</b>		
<ul style="list-style-type: none"> <li>If result is a negative number and Line 2.a. is "Yes", copy amount from Line 8.c.</li> <li>If result is a negative number and Line 2.a. is "No", enter \$0</li> </ul>			
10. Amount of employment income made possible by disability assistance expenses:	<b>\$ 2548</b>		
11. The lower amount of Line 9. or Line 10.:	<b>\$ 833</b>		
<ul style="list-style-type: none"> <li>If Line 8.c. is less than Line 7. and Line 2.a. is "Yes", copy amount from Line 9.</li> </ul>			

**Tenant File Review Checklist Worksheets**  
**Rental Integrity Monitoring**  
**Public Housing / Sec. 8 Housing Choice Voucher**

**D. Adjusted Income Worksheet**

12. If **Line 2.a.** is "Yes", amount of unreimbursed medical expenses for entire family: **\$ 2525**
13. Sum of **Line 11.** and **Line 12.**: **\$ 3358**
14. **Medical / Disability Assistance Expenses Deduction:** **\$ 3358**
- If **Line 8.c.** = \$0, subtract **Line 7.** from **Line 13.** If negative result, enter \$0
  - If **Line 8.c.** is less than **Line 7.**, subtract **Line 7.** from **Line 13.** If negative result, enter \$0
  - If **Line 8.c.** is greater than or equal to **Line 7.**, enter amount from **Line 13.**

**Child Care Expenses**

	Family Member	Child Care Expense Description	Date of Verification	Annual Expense Amount
15.a.				\$
b.				\$
c.				\$
d.				\$
e.				\$
16.	<b>Total Annual Child Care Expenses:</b>			<b>\$ 0</b>

**Child Care Expenses Deduction:**

		Yes	No	Unclear
17.a.	Family includes member(s) under age 13?		X	
b.	Amount of unreimbursed, reasonable child care costs incurred by family:	\$		
18.a.	Family has any member(s) employed?			
b.	Child care costs enable member(s) to be employed?			
c.	Amount of employment income enabled by child care costs:	\$		
d.	Amount on <b>Line 17.b.</b> , not to exceed amount on <b>Line 18.c.</b>	\$		
19.a.	Family has any member(s) furthering education?			
b.	Child care costs enable member(s) to further education?			
20.	<b>Child Care Expenses Deduction:</b>	<b>\$ 0</b>		

- Where both **Line 18.a.** and **Line 18.b.** are "Yes", enter amount from **Line 18.d.**
- Where **Line 18.a.** is "No", but **Lines 19.a.** and **19.b.** are "Yes", enter amount from **Line 17.b.**

**P.H. Permissive Deductions**

	Family Member	Type of Deduction	Date of Verification	Annual Amount
21.a.				\$
b.				\$
c.				\$
22.	<b>PH: Total Permissive Deductions:</b>			<b>\$ 0</b>

**Tenant File Review Checklist Worksheets**  
**Rental Integrity Monitoring**  
**Public Housing / Sec. 8 Housing Choice Voucher**

**D. Adjusted Income Worksheet**

23.	Total Annual Income:	\$ 12,217
24.	Total All Deductions:	\$ 4238
25.	TOTAL ADJUSTED INCOME = Line 23. minus Line 24.:	\$ 7979

**D. Adjusted Income Worksheet**

**Adjusted Income Instructions:**

Line	Instructions
1.a.	Indicate the total number of dependents in the household. Dependents include any family members who are under age 18, have a disability, or are full-time students of any age. Dependents who are temporarily absent from the home, but listed on the lease, should be included. Dependents do not include household members who are head of household, spouse of head, foster children, foster adults, live-in aides, the children of live-in aides, or any other members of the household who are not considered family members. Refer to the Tenant File Review Checklist table under section <b>A. Family Composition</b> , to identify family member dependents.
1.b.	Calculate the total <b>Dependent Deduction</b> for the family. The standard dependent deduction is \$480 per dependent. Cross check with HUD-50058, line 8r., to ensure that PHA has used the standard deduction amount in its calculation.  Multiply <b>Line 1.a.</b> times \$480. Cross check total dependent deduction amount, as reflected in tenant file, with HUD-50058, line 8s
2.a.	Confirm whether the family qualifies as an "elderly" or "disabled" family. For the family to qualify for this deduction, the head of the family, the spouse of the head, or the sole member of the family must be a person age 62 or over, <u>or</u> be a disabled person.  Refer to the Tenant File Review Checklist table under section <b>A. Family Composition</b> , where age and disability status of family head and spouse were established.
2.b.	If the answer on <b>Line 2.a.</b> is "Yes", calculate the <b>Elderly/Disabled Family Deduction</b> for the family. The standard "elderly/disabled" family deduction is \$400 per family. Note that this deduction is <u>per family</u> , not per individual. Cross check with HUD-50058, line 8p., to ensure that PHA has used the standard deduction amount in its calculation.

**Tenant File Review Checklist Worksheets**  
**Rental Integrity Monitoring**  
**Public Housing / Sec. 8 Housing Choice Voucher**

**F. Section 8 HCV Rent and HAP Worksheet**

**Total Tenant Payment (TTP)**

1.a.	Monthly Income (Annual Income ÷ 12):	\$ 1018
b.	10% of Monthly Income (Line 1.a. X 0.10):	\$ 102
c.	Monthly Adjusted Income (Adjusted Income ÷ 12):	\$ 665
d.	30% of Monthly Adjusted Income (Line 1.c. X 0.30):	\$ 200
e.	Welfare Rent (if applicable):	\$ 0
f.	Minimum Rent:	\$ 25
g.	"Enhanced Voucher" Minimum Rent (if applicable):	
2.	<b>TOTAL TENANT PAYMENT (TTP)</b>	<b>\$ 200</b>

• Highest of Line 1.b., 1.d., 1.e., 1.f. or 1.g.

**Payment Standard**

**Recent Admission / Mover / Portability-In / Enhanced Voucher Family:**

3.	Payment Standard :	\$ 883
----	--------------------	--------

**Reexamination Family:**

	Yes	No	Unclear
4. <u>Current</u> Payment Std. based on:			
a. actual unit size:	\$ 1031		
b. subsidy std.:	\$ 883		
5. <u>Prior</u> Payment Std. based on:			
a. actual unit size:	\$ 1031		
b. subsidy std.:	\$ 883		
6.a. Based on actual unit size— <u>current</u> Pay. Std. <i>increased or remained the same</i> over <u>prior</u> Pay. Std.?	X		
b. If "Yes", record <u>Current</u> reexam Payment Std., based on actual unit size, from Line 4.a.	\$ 1031		
c. If "No", record <u>Prior</u> reexam Payment Std., based on actual unit size, from Line 5.a.	\$		
7.a. Based on subsidy std.— <u>current</u> Pay. Std. <i>increased or remained the same</i> over <u>prior</u> Pay. Std.?	X		
b. If "Yes", record <u>Current</u> reexam Payment Std., based on subsidy std., from Line 4.b.	\$ 883		
c. If "No", record <u>Prior</u> reexam Payment Std., based on subsidy std., from Line 5.b.	\$		
8.	Payment Standard :	\$ 883	

**Gross Rent and Total HAP**

9.	Rent to Owner:	\$ 900
10.	Utility Allowance:	\$ 68
11.	<b>Gross Rent (Line 9. + Line 10.):</b>	<b>\$ 968</b>
12.a.	Payment Standard (Line 3. or Line 8.) minus TTP (Line 2.):	\$ 683
b.	Gross Rent (Line 11.) minus TTP (Line 2.):	\$ 768
c.	<b>Total Housing Assistance Payment (HAP) = Lowest of Line 12.a. or Line 12.b. :</b>	<b>\$ 683</b>

**Tenant File Review Checklist Worksheets**  
Rental Integrity Monitoring  
Public Housing / Sec. 8 Housing Choice Voucher

**F. Section 8 HCV Rent and HAP Worksheet**

**Family Rent to Owner and HAP to Owner (Non-prorated)**

**Recent Admission / Mover / Portability-In Family:**

13.a.	40% of Monthly Adjusted Income ( Line 1.c. x 0.40):	\$
b.	Total Family Share of Rent = (Line 11. minus Line 12.c.) <= Line 13.a.	\$

**Reexamination / Enhanced Voucher Family:**

14.	Total Family Share of Rent = Line 11. minus Line 12.c. :	\$ 285
-----	--	--------

15.	HAP to Owner (Lowest of Line 9. or Line 12.c.):	\$ 683
16.	Family Rent to Owner (Line 9. minus Line 15.):	\$ 217
17.	Utility Reimbursement = Line 12.c. minus Line 15., not to exceed Line 10. :	\$

**Family Rent to Owner and HAP to Owner (Prorated)**

18.	Total Non-prorated HAP (Line 12.c.):	\$
19.a.	Total Number of family members:	
b.	Number of family members eligible for prorated rent subsidy	
20.	Total Prorated HAP = (Line 19.b. ÷ Line 19.a.) X Line 18. :	\$
21.	Prorated Family Share of Rent (Line 11. minus Line 20.):	\$
22.	Prorated Family Rent to Owner (Line 21. minus Line 10.):	\$
23.	Prorated HAP to Owner:	\$

- Line 9. minus Line 22., if Line 22. is positive
- Line 9., if Line 22. is negative

**Tenant File Review Checklist Worksheets**  
Rental Integrity Monitoring  
Public Housing / Sec. 8 Housing Choice Voucher

**F. Section 8 HCV Rent and HAP Worksheet**

**Family Rent to Owner and HAP to Owner (Non-prorated)**

**Recent Admission / Mover / Portability-In Family:**

13.a.	40% of Monthly Adjusted Income ( Line 1.c. x 0.40):	\$
b.	Total Family Share of Rent = (Line 11. minus Line 12.c.) <= Line 13.a.	\$

**Reexamination / Enhanced Voucher Family:**

14.	Total Family Share of Rent = Line 11. minus Line 12.c. :	\$
-----	--	----

15.	HAP to Owner (Lowest of Line 9. or Line 12.c.):	\$
16.	Family Rent to Owner (Line 9. minus Line 15.):	\$
17.	Utility Reimbursement = Line 12.c. minus Line 15., not to exceed Line 10. :	\$

**Family Rent to Owner and HAP to Owner (Prorated)**

18.	Total Non-prorated HAP (Line 12.c.):	\$ 683
19.a.	Total Number of family members:	4
b.	Number of family members eligible for prorated rent subsidy	3
20.	Total Prorated HAP = (Line 19.b. ÷ Line 19.a.) X Line 18. :	\$ 512
21.	Prorated Family Share of Rent (Line 11. minus Line 20.):	\$ 456
22.	Prorated Family Rent to Owner (Line 21. minus Line 10.):	\$ 388
23.	Prorated HAP to Owner:	\$ 512

- Line 9. minus Line 22., if Line 22. is positive
- Line 9., if Line 22. is negative

## Appendix A

### Tenant File Review Checklist

Rental Integrity Monitoring

Public Housing / Sec. 8 Housing Choice Voucher

PHA Name: **Cubzide City**

PHA No.:

HUD Reviewer:

Date of Review:

Last Name of Family Head: **Champion**

SSN of Family Head: **456-78-9012**

### A. Family Composition

	Last Name	First Name	Relation	Date of Birth	Sex	SSN	9886? √	Dis? √	C/EI? √
1.a.	<b>Champion</b>	<b>Charles</b>	<b>Head</b>	<b>1-18-31</b>	<b>M</b>	<b>346-78-9012</b>	√		√
b.	<b>Champion</b>	<b>Cynthia</b>	<b>S</b>	<b>2-14-35</b>	<b>F</b>	<b>345-67-8901</b>	√		√
c.	<b>Champion</b>	<b>Clyde</b>	<b>A</b>	<b>9-15-80</b>	<b>M</b>	<b>234-56-7890</b>	√	√	
d.									
e.									
f.									
g.									
h.									
i.									

#### Recent Admission Family only:

2.a.	Date of Admission:				
			Yes	No	Unclear
b.	Application materials complete and capture all information for eligibility, income and rent?				
c.	Family executed form HUD-9886: <u>Authorization for Release of Information / Privacy Act Notice</u> ?				
d.	Family composition and characteristics identified? Verified & documented?				
e.	SSNs disclosed, or certification if no SSN assigned? Verified & documented?				
f.	Evidence of citizenship or eligible immigration status for all members? Verified & documented?				

#### Reexamination Family only:

3.a.	Current Reexam Effective Date:	7-1-03	Prior Reexam/Admission Effective Date:	
b.	Reexam Type:	<div><div>X</div>Annual Income &amp; Composition</div> <div><div></div>3-Year Income &amp; Composition (PH only)</div>	<div><div></div>Interim / Special / Other</div> <div><div></div>Annual Composition (PH only)</div>	
c.	All Sec. 8 HCV only: PHA conducts <u>annual</u> reexam of income & composition?			<div><div>Yes</div><div>No</div><div>Unclear</div></div>
d.	All PH only: PHA conducts <u>annual</u> reexam of composition?			
e.	PH income-based rent only: PHA conducts <u>annual</u> reexam of income?			
f.	PH flat rent only: PHA conducts at least <u>3-year</u> reexam of income?			
g.	Reexamination materials complete and capture all information for eligibility, income and rent?			<div><div>√</div><div></div><div></div></div>
h.	Family composition & characteristics identified, including new members? Verified & documented?			<div><div>√</div><div></div><div></div></div>
i.	Family executed form HUD-9886: <u>Authorization for Release of Information / Privacy Act Notice</u> ?			<div><div>√</div><div></div><div></div></div>
j.	SSNs disclosed, or certification if no SSN assigned? Verified & documented?			<div><div>√</div><div></div><div></div></div>
k.	Evidence of citizenship / eligible immigration status for all members? Verified & documented?			<div><div></div><div>√</div><div></div></div>

Shaded cells represent information which may be cross-referenced with HUD-50058

## B. Annual Income and Assets

\* For detailed calculations, refer to **B. Annual Income and Assets Worksheet** in Appendix C

1.	<b>Final Asset Income</b> (ref. HUD-50058, line 6j.):	PHA: * \$ 2630	HUD: * \$ 369
2.	PHA identifying assets for all family members? Verified & documented?	Yes	No
3.	PHA accurately calculating net cash value of assets?	Yes	No
4.	PHA accurately calculating anticipated actual income from assets?	Yes	No
5.	Assets > \$5000: PHA accurately calculating imputed asset income, using correct passbook rate?	Yes	No
6.	PHA accurately calculating final asset income, using larger of anticipated actual vs. imputed?	Yes	No
7.	<b>TOTAL ANNUAL INCOME</b> (ref. HUD-50058, line 7i.):	PHA: * \$ 13,504	HUD: * \$ 12,217
8.	Wages and earned income accurately calculated, verified & documented?	Yes	No
9.	Earned income exclusion/disallowance accurately calculated?	Yes	No
10.	PH: Where PHA uses Individual Savings Account (ISA), PHA deposits appropriate amount?	Yes	No
11.	Welfare benefit income accurately calculated, verified & documented?	Yes	No
12.	Where family member subject to "Specified Welfare Benefit Reduction", PHA uses <u>imputed</u> welfare income?	Yes	No
13.	Family requested review of <u>imputed</u> welfare income calculation? If denied, PHA provided written notice?	Yes	No
14.	SS/SSI/pension income accurately calculated, verified & documented?	Yes	No
15.	"Other" income accurately calculated, verified & documented?	Yes	No
16.	Total Annual Income accurately calculated, verified & documented?	Yes	No

## C. Dwelling Unit / Utility Allowance

\*\* For detailed calculations, refer to **C. Utility Allowance Worksheet** in Appendix C

1.a.	Unit Address:	b.	No. of Bedrooms:	3
2.a.	PH only – Project Name:	S	b.	PH only – Project No.
3.a.	Tenant family responsible for some or all utilities in unit?	Yes	No	Unclear
b.	<b>Total Utility Allowance</b> (ref. HUD-50058, line 10e., 10r., 12m.):	PHA: ** \$ 56	HUD: ** \$ 68	
c.	Correct Utility Allowance used, computed accurately?	Yes	No	Unclear

Shaded cells represent information which may be cross-referenced with HUD-50058



## D. Adjusted Income

\* For detailed calculations, refer to **D. Adjusted Income Worksheet** in Appendix C

		Yes	No	Unclear
1.a	<b>Dependent Deduction</b> (ref. HUD-50058, line 8r. and 8s.):	PHA: * \$ 0	HUD: * \$ 480	
b.	Dependent Deduction accurately calculated; verified & documented by PHA?		✓	
2.a	<b>Elderly / Disabled Family Deduction</b> (ref. HUD-50058, line 8p.):	PHA: * \$ 400	HUD: * \$ 400	
b.	Elderly/Disabled Family Deduction accurately calculated; verified & documented by PHA?	✓		
3.a	<b>Medical/Disability Assistance Expenses Deduction:</b> (ref. HUD-50058, line 8n.)	PHA: * \$ 3725	HUD: * \$ 3358	
b.	Medical/Disability Assistance Exp. Deduction accurately calculated; verified & documented by PHA?		✓	
4.a	<b>Child Care Expenses Deduction</b> (ref. HUD-50058, line 8t.):	PHA: * \$ 0	HUD: * \$ 0	
b.	Child Care Expenses Deduction accurately calculated; verified & documented by PHA?	✓		
5.a	<b>Public Housing only: Permissive Deductions:</b> (ref. HUD-50058, line 8e.):	PHA: * \$	HUD: * \$	
b.	Permissive deduction accurately calculated; verified & documented by PHA?			
6.a	<b>Total All Deductions</b> (ref. HUD-50058, line 8x.):	PHA: * \$ 4125	HUD: * \$ 4238	
b.	Total All Deductions accurately calculated; verified & documented by PHA?		✓	
7.a	<b>TOTAL ADJUSTED INCOME</b> (ref. HUD-50058, line 8y.):	PHA: * \$ 9379	HUD: * \$ 7979	
b.	Total Adjusted Income accurately calculated; verified & documented by PHA?		✓	

Shaded cells represent information which may be cross-referenced with HUD-50058

**Complete Section F. for a Section 8 Housing Choice Voucher family only.**

**F. Family Rent and HAP – Section 8 HCV only**

\* For detailed calculations, refer to **F. Section 8 HCV Rent and HAP Worksheet** in Appendix C

**Total Tenant Payment (TTP)**

1.	TTP (ref. HUD-50058, line 9j. or 12r.):	PHA: * \$ 313	HUD: * \$ 200			
				Yes	No	Unclear
2.	TTP accurately calculated?				✓	
3.a.	Family qualified for Minimum Rent financial hardship exemption? Verified & documented?				✓	
b.	Minimum Rent TTP suspended for long-term hardship and reinstated for temporary hardship?				✓	

**Payment Standard**

4.a	Payment Standard (ref. HUD-50058, line 12j.):	PHA: * \$ 1031	HUD: * \$ 883			
				Yes	No	Unclear
b.	Correct Payment Standard used?				✓	

**Gross Rent and Total HAP**

5.	Gross Rent (ref. HUD-50058, line 12p.):	PHA: * \$ 956	HUD: * \$ 968			
6.	Total HAP (ref. HUD-50058, line 12s.):	PHA: * \$ 721	HUD: * \$ 683			
				Yes	No	Unclear
7.	Total HAP accurately calculated?				✓	

**Reexamination Family only:**

				Yes	No	Unclear
8.a.	Reexamination has resulted in HAP of zero (\$0) dollars?				✓	
b.	If "Yes", HAP contract remained in effect up to 6 months after reexam effective date?					

**Family Rent to Owner and HAP to Owner (Non-prorated, Non-mixed Family only)**

9.	Total Family Share of Rent (ref. HUD-50058, line 12t.):	PHA: * \$ 235	HUD: * \$ 285			
10.	HAP to Owner (ref. HUD-50058, line 12u.):	PHA: * \$ 721	HUD: * \$ 683			
11.	Family Rent to Owner (ref. HUD-50058, line 12v.):	PHA: * \$ 179	HUD: * \$ 217			
12.	Utility Reimbursement (ref. HUD-50058, line 12w.):	PHA: * \$ 0	HUD: * \$ 0			
				Yes	No	Unclear
13.	Family Rent to Owner and HAP (Non-prorated) accurately calculated by PHA?				✓	
14.	HAP agrees with HAP register?					

**Family Rent to Owner and HAP to Owner (Prorated, Mixed Family only)**

15.	Prorated Family Rent to Owner (ref. HUD-50058, line 12ai.):	PHA: * \$	HUD: * \$			
16.	Prorated HAP to Owner (ref. HUD-50058, line 12aj.):	PHA: * \$	HUD: * \$			
				Yes	No	Unclear
17.	Family Rent to Owner and HAP (Prorated) accurately calculated by PHA?					
18.	HAP agrees with HAP register?					

Shaded cells represent information which may be cross-referenced with HUD-50058

## Champion 50058 Answers

Head of household name <b>Champion</b>	Social Security Number <b>346789012</b>	Date modified (mm/dd/yyyy) <b>07/01/2003</b>
--	---	--

### 6. Assets

6a. Family member name	No.	6b. Type of asset	6c. Calculation (PHA use)	6d. Cash value of asset	6e. Anticipated Income	
<b>Charles</b>	<b>1</b>	<b>Checking</b>		\$ <b>592</b>	\$	
<b>Charles</b>	<b>1</b>	<b>Savings</b>		\$ <b>4,989</b>	\$ <b>125</b>	<b>4989x .025</b>
<b>Charles</b>	<b>1</b>	<b>Vac. lot</b>	<b>7,999 – 300</b>	\$ <b>7,699</b>	\$	
<b>Charles</b>	<b>1</b>	<b>Lot (sold)</b>	<b>7,500 – 2,750</b>	\$ <b>4,750</b>	\$	
<b>Clyde</b>	<b>3</b>	<b>Checking</b>		\$ <b>198</b>	\$	
<b>Clyde</b>	<b>3</b>	<b>Savings</b>		\$ <b>200</b>	\$ <b>5</b>	<b>200 x .023</b>
				\$	\$	
				\$	\$	
6f, 6g. Column totals				\$ <b>18,428</b> 6f.	\$ <b>130</b> 6g.	
6h. Passbook rate (written as decimal)					0. <b>02</b> 6h.	
6i. Imputed asset income: 6f X 6h (if 6f is \$5,000 or less, put 0)					\$ <b>369</b> 6i.	
6j. Final asset income: larger of 6g or 6i					\$ <b>369</b> 6j.	

### 7. Income

7a. Family member name	No.	7b. Income Code	7c. Calculation (PHA use)	7d. Dollars per year	7e. Income exclusions	7f. Income after exclusions (7d minus 7e)
<b>Charles</b>	<b>1</b>	<b>P</b>	<b>125x12</b>	\$ <b>1,500</b>	\$	\$ <b>1,500</b>
<b>Charles</b>	<b>1</b>	<b>SS</b>	<b>375x12</b>	\$ <b>4,500</b>	\$	\$ <b>4,500</b>
<b>Cynthia</b>	<b>2</b>	<b>P</b>	<b>125x12</b>	\$ <b>1,500</b>	\$	\$ <b>1,500</b>
<b>Cynthia</b>	<b>2</b>	<b>SS</b>	<b>150x12</b>	\$ <b>1,800</b>	\$	\$ <b>1,800</b>
<b>Clyde</b>	<b>3</b>	<b>W</b>	<b>98x26</b>	\$ <b>2,548</b>	\$	\$ <b>2,548</b>
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
7g. Column total						\$ <b>11848</b> 7g.
7h. Reserved						
7i. Total annual income: 6j + 7g						\$ <b>12,217</b> 7i.

#### 7b: Income Codes

<b>Wages:</b> B = own business F = federal wage HA = PHA wage M = military pay W = other wage	<b>Welfare:</b> G = general assistance IW = annual imputed welfare income T = TANF assistance	<b>SS/SSI/Pensions:</b> P = pension S = SSI SS = Social Security	<b>Other Income Sources:</b> C = child support E = medical reimbursement I = Indian trust/per capita N = other nonwage sources U = unemployment benefits
--	--	---	---

## Champion 50058 Answers

Head of household name <b>Champion</b>	Social Security Number <b>346789012</b>	Date modified (mm/dd/yyyy) <b>07/01/2003</b>
--	---	--

### 8. Expected Income Per Year

8a. Total annual income: copy from 7i	<b>\$12,217</b> 8a.
---------------------------------------	---------------------

#### Permissible Deductions (Public Housing Only. If Section 8, Skip to 8f or 8q)

8b. Family member name	No.	8c. Type of permissible deduction	8d. Amount
			\$
			\$
			\$
8e. Total permissible deductions			\$ 8e.

#### If head/spouse/co-head is under 62 and no family member disabled, skip to 8q

8f. Medical/disability threshold: 8a X 0.03	\$ <b>367</b>	8f.
8g. Total annual unreimbursed disability assistance expense (if no disability expenses, skip to 8k)	\$ <b>1,200</b>	8g.
8h. Maximum disability allowance: If 8g minus 8f is positive or zero, put amount	\$ <b>833</b>	8h.
	If negative and head/spouse/co-head is under 62 and not disabled, put 0	\$ 8h.
	If negative and head/spouse/co-head is elderly or disabled, copy from 8g	\$ 8h.
8i. Earnings in 7d made possible by disability assistance expense	\$ <b>2,548</b>	8i.
8j. Allowable disability assistance expense: lower of 8h or 8i (if 8g is less than 8f and head/spouse/co-head elderly or disabled, copy from 8h)	\$ <b>833</b>	8j.
8k. Total annual unreimbursed medical expenses (if head/spouse/co-head under 62 and not disabled, put 0)	\$ <b>2,525</b>	8k.
8m. Total annual disability assistance and medical expense: 8j + 8k (if no disability expenses, copy from 8k)	\$ <b>3,358</b>	8m.
8n. Medical/disability assistance allowance:		
	If no disability assistance expenses or if 8g is less than 8f, put 8m minus 8f (if 8m minus 8f is negative, put zero)	\$ 8n.
	If disability assistance expenses and 8g is greater than or equal to 8f, copy from 8m	\$ <b>3,358</b> 8n.
8p. Elderly/disability allowance (default = \$400)	\$ <b>400</b>	8p.
8q. Number of dependents (people under 18, or with disability, or full-time student. Do not count head of household, spouse, co-head, foster child/adult, or live-in aide).	<b>1</b>	8q.
8r. Allowance per dependent (default = \$480)	\$ <b>480</b>	8r.
8s. Dependent allowance: 8q X 8r	\$ <b>480</b>	8s.
8t. Total annual unreimbursed childcare costs	\$	8t.
8u. Total annual travel cost to work/school (Indian Housing only)	\$	8u.
8v. Reserved		
8w. Reserved		
8x. Total allowances: 8e + 8n + 8p + 8s + 8t + 8u		\$ <b>4,238</b> 8x.
8y. Adjusted annual income: 8a minus 8x (if 8x is larger, put 0)		\$ <b>7,979</b> 8y.

## Champion 50058 Answers

Head of household name <b>Champion</b>	Social Security Number <b>346789012</b>	Date modified (mm/dd/yyyy) <b>07/01/2003</b>
--	---	--

### 9. Total Tenant Payment (TTP)

9a. Total monthly income: $8a \div 12$	\$ <b>1018</b>	9a.
9b. Reserved		
9c. TTP if based on annual income: $9a \times 0.10$	\$ <b>102</b>	9c.
9d. Adjusted monthly income: $8y \div 12$	\$ <b>665</b>	9d.
9e. Percentage of adjusted monthly income: use 30% for Section 8	<b>30</b>	9e.
9f. TTP if based on adjusted annual income: $(9d \times 9e) \div 100$	\$ <b>200</b>	9f.
9g. Welfare rent per month (if none, put 0)	\$ <b>0</b>	9g.
9h. Minimum rent (if waived, put 0)	\$ <b>25</b>	9h.
9i. Enhanced Voucher minimum rent	\$	9i.
9j. TTP, highest of lines 9c, 9f, 9g, 9h, or 9i	\$ <b>200</b>	9j.
9k. Most recent TTP	\$ <b>200</b>	9k.
9m. Qualify for minimum rent hardship exemption? (Y or N)	<b>N</b>	9m.

## Champion 50058 Answers

Head of household name	<b>Champion</b>	Social Security Number	<b>346789012</b>	Date modified (mm/dd/yyyy)	<b>07/01/2003</b>
------------------------	-----------------	------------------------	------------------	----------------------------	-------------------

### 12. Section 8 Vouchers

12a. Number of bedrooms on Voucher	<b>2</b> 12a.
12b. Is family now moving to this unit? (Y or N)	<b>N</b> 12b.
12c. Does the family qualify as a Hard to House family? (Y or N)	<b>N</b> 12c.
12d. Did family move into your PHA jurisdiction under portability? (Y or N) (if no, skip to 12g)	<b>N</b> 12d.
12e. Cost billed per month (put 0 if absorbed)	\$ 12e.
12f. PHA code billed	12f.
12g. Housing type: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> <input type="checkbox"/> Own manufactured home, lease space         </div> <div> <input type="checkbox"/> Group home (prorate gross rent)  <input type="checkbox"/> SRO: 1 room occupied by 1 person         </div> </div>	
12h. Owner name	<b>D. Ames</b> 12h.
12i. Owner TIN/SSN	<b>765432100</b> 12i.
12j. Payment standard for the family	\$ <b>883</b> 12j.
12k. Rent to owner	\$ <b>900</b> 12k.
12m. Utility allowance, if any	\$ <b>68</b> 12m.
12n. Reserved	
12p. Gross rent of unit: 12k + 12m (or Space Rent)	\$ <b>968</b> 12p.
12q. Lower of 12j or 12p (if Premerger Voucher contract, see Instruction Booklet)	\$ <b>883</b> 12q.
12r. TTP: copy from 9j	\$ <b>200</b> 12r.
12s. Total HAP: 12q minus 12r	\$ <b>683</b> 12s.
<b>Rent Calculation (if prorated rent, skip to 12ab)</b>	
12t. Total family share: 12p minus 12s	\$ <b>285</b> 12t.
12u. HAP to owner: lower of 12k or 12s	\$ <b>683</b> 12u.
12v. Tenant rent to owner: 12k minus 12u	\$ <b>217</b> 12v.
12w. Utility reimbursement to family: 12s minus 12u, but do not exceed 12m	\$ <b>0</b> 12w.
<b>Prorated Rent Calculation</b>	
12aa. Reserved	
12ab. Normal total HAP: copy from 12s, but do not exceed 12p	\$ 12ab.
12ac. Total number eligible	12ac.
12ad. Total number in family	12ad.
12ae. Proration percentage: 12ac ÷ 12ad	12ae.
12af. Prorated total HAP: 12ab X 12ae	12af.
12ag. Mixed family total family contribution: 12p minus 12af	\$ 12ag.
12ah. Utility allowance: copy from 12m	\$ 12ah.
12ai. Mixed family tenant rent to owner: 12ag minus 12ah	\$ 12ai.
	If positive or 0, put tenant rent
	If negative, credit tenant
	or CR
12aj. Prorated HAP to owner: 12k minus 12ai. If 12ai is negative, put 12k	\$ 12aj.
12ak. Reserved	

## **Case Study 3: Champion**

---

# **Prorated Rent Calculation (HCV) Learning Activity**





**Tenant File Review Checklist Worksheets**  
**Rental Integrity Monitoring**  
**Public Housing / Sec. 8 Housing Choice Voucher**

**F. Section 8 HCV Rent and HAP Worksheet**

**Total Tenant Payment (TTP)**

1.a.	Monthly Income (Annual Income ÷ 12):	\$ 1018
b.	10% of Monthly Income (Line 1.a. X 0.10):	\$ 102
c.	Monthly Adjusted Income (Adjusted Income ÷ 12):	\$ 665
d.	30% of Monthly Adjusted Income (Line 1.c. X 0.30):	\$ 200
e.	Welfare Rent (if applicable):	\$ 0
f.	Minimum Rent:	\$ 25
g.	"Enhanced Voucher" Minimum Rent (if applicable):	
2.	<b>TOTAL TENANT PAYMENT (TTP)</b>	<b>\$ 200</b>

• Highest of Line 1.b., 1.d., 1.e., 1.f. or 1.g.

**Payment Standard**

**Recent Admission / Mover / Portability-In / Enhanced Voucher Family:**

3.	Payment Standard:	\$ 883
----	-------------------	--------

**Reexamination Family:**

		Yes	No	Unclear
4.	Current Payment Std. based on: a. actual unit size: \$1031 b. subsidy std.: \$ 883			
5.	Prior Payment Std. based on: a. actual unit size: \$1031 b. subsidy std.: \$ 883			
6.a.	Based on actual unit size—current Pay. Std. increased or remained the same over prior Pay. Std.?	X		
b.	If "Yes", record Current reexam Payment Std., based on actual unit size, from Line 4.a.	\$ 1031		
c.	If "No", record Prior reexam Payment Std., based on actual unit size, from Line 5.a.	\$		
7.a.	Based on subsidy std.—current Pay. Std. increased or remained the same over prior Pay. Std.?	X		
b.	If "Yes", record Current reexam Payment Std., based on subsidy std., from Line 4.b.	\$ 883		
c.	If "No", record Prior reexam Payment Std., based on subsidy std., from Line 5.b.	\$		
8.	Payment Standard:	\$ 883		

**Gross Rent and Total HAP**

9.	Rent to Owner:	\$ 900
10.	Utility Allowance:	\$ 68
11.	<b>Gross Rent (Line 9. + Line 10.):</b>	<b>\$ 968</b>
12.a.	Payment Standard (Line 3. or Line 8.) minus TTP (Line 2.):	\$ 683
b.	Gross Rent (Line 11.) minus TTP (Line 2.):	\$ 768
c.	<b>Total Housing Assistance Payment (HAP) = Lowest of Line 12.a. or Line 12.b.:</b>	<b>\$ 683</b>

Notes

**Tenant File Review Checklist Worksheets**  
Rental Integrity Monitoring  
Public Housing / Sec. 8 Housing Choice Voucher

**F. Section 8 HCV Rent and HAP Worksheet**

**Family Rent to Owner and HAP to Owner (Non-prorated)**

**Recent Admission / Mover / Portability-In Family:**

13.a.	40% of Monthly Adjusted Income ( Line 1.c. x 0.40):	\$
b.	Total Family Share of Rent = (Line 11. minus Line 12.c.) <= Line 13.a.	\$

**Reexamination / Enhanced Voucher Family:**

14.	Total Family Share of Rent = Line 11. minus Line 12.c. :	\$
-----	--	----

15.	HAP to Owner (Lowest of Line 9. or Line 12.c.):	\$
16.	Family Rent to Owner (Line 9. minus Line 15.):	\$
17.	Utility Reimbursement = Line 12.c. minus Line 15., not to exceed Line 10. :	\$

**Family Rent to Owner and HAP to Owner (Prorated)**

18.	Total Non-prorated HAP (Line 12.c.):	\$
19.a.	Total Number of family members:	
b.	Number of family members eligible for prorated rent subsidy	
20.	Total Prorated HAP = (Line 19.b. ÷ Line 19.a.) X Line 18. :	\$
21.	Prorated Family Share of Rent (Line 11. minus Line 20.):	\$
22.	Prorated Family Rent to Owner (Line 21. minus Line 10.):	\$
23.	Prorated HAP to Owner:	\$

- Line 9. minus Line 22., if Line 22. is positive
- Line 9., if Line 22. is negative

**F. Section 8 HCV Rent and HAP Worksheet**

**Family Rent to Owner and HAP to Owner (Non-prorated)**

**Recent Admission / Mover / Portability-In Family:**

13.a.	40% of Monthly Adjusted Income ( Line 1.c. x 0.40):	\$
b.	Total Family Share of Rent = (Line 11. minus Line 12.c.) <= Line 13.a.	\$

**Reexamination / Enhanced Voucher Family:**

14.	Total Family Share of Rent = Line 11. minus Line 12.c. :	\$
-----	--	----

15.	HAP to Owner (Lowest of Line 9. or Line 12.c.):	\$
16.	Family Rent to Owner (Line 9. minus Line 15.):	\$
17.	Utility Reimbursement = Line 12.c. minus Line 15., not to exceed Line 10. :	\$

**Family Rent to Owner and HAP to Owner (Prorated)**

18.	Total Non-prorated HAP (Line 12.c.):	\$	683
19.a.	Total Number of family members:		4
b.	Number of family members eligible for prorated rent subsidy		3
20.	Total Prorated HAP = (Line 19.b. ÷ Line 19.a.) X Line 18. :	\$	512
21.	Prorated Family Share of Rent (Line 11. minus Line 20.):	\$	456
22.	Prorated Family Rent to Owner (Line 21. minus Line 10.):	\$	388
23.	Prorated HAP to Owner:	\$	512

- Line 9. minus Line 22., if Line 22. is positive
- Line 9., if Line 22. is negative